CELEBRITY WORSHIP AND ITS ASSOCIATION WITH SUBJECTIVE MENTAL HEALTH OF ADOLESCENT UNDERGRADUATES IN NIGERIAN TERTIARY INSTITUTIONS

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ABSTRACT

This study investigated celebrity worship attitude and its relationship with subjective mental health among 1577 adolescents (16-19 years of age) from three tertiary institutions in Nigeria. The study used cross-sectional survey and correlational designs. The 34-item celebrity worship attitude scale and adolescents' mental health continuum short-form were hand distributed for data collection. Data analysis was done with IBM-SPSS software using descriptive and inferential statistics. Four null hypotheses were tested at p < 0.05. The findings showed that 63.4% of the respondents were celebrity worshippers. The favorite celebrities were mostly (54.6%) in the music industry. The prevalence of poor mental health was 72.5%. Celebrity worship for the purpose of entertainment-social, was found a positive predictor of social wellbeing; intense-personal positively predicted emotional, psychological and overall mental wellbeing while borderline-pathological negatively predicted social, psychological and overall mental health. Significant gender difference was observed in social wellbeing. Celebrity worship attitude and languishing mental health is highly prevalent among the respondents. However, only borderline-pathological level of celebrity worship attitude appears to be negatively associated with mental health of young people. Celebrity worshippers had significantly poorer social wellbeing but better psychological wellbeing than the non-worshippers. The paper discusses the implications and directions for future research.

Key words: celebrity; celebrity worship attitude; subjective mental health; adolescents; Nigeria

1.0 INTRODUCTION

The impact of celebrity worship on the subjective wellbeing of young people is still a fallow research ground in Nigeria. Various studies have explored the nuances of this increasingly popular culture and have established its reality among Nigerian youths especially adolescents, yet much is not known about its interaction with their positive mental health. Adolescence is a critical life stage in the discourse of mental health issues because various lifestyles and habits are initiated and emulated at this stage, which could be of grave consequences to effective functioning of the individual as an adult within the society (WHO, 2016). This age group, mostly found as students in secondary and tertiary institutions in Nigeria are the next generation of the workforce of the society, and as such, the society depends on them to move its economic, political and educational fronts to a higher level. Young people are considered indispensable human capital resources in any society therefore their mental wellbeing translates directly and indirectly to the wellbeing of families and the society at large.

Admiring celebrities is a normal part of growing up and learning among youths but could become problematic when it assumes an extreme proportion (Turner, 2013). Brooks (2018) in a systematic review, found that adoring celebrities was mostly experienced during early adolescence (ages 10–11), and climaxes during middle adolescence. Turner (2013) described a celebrity as a professional, mostly in the sports and entertainment industries, who through media exposure, attracts a level of public interest to their personal lives even more than their professional lives. According to Uzuegbunam (2017), celebrities are media-constructed images of people who are "famous for being famous". In other words, the status of celebrity is mostly ascribed to individuals based on the projections and exposure they receive from the mainstream, internet and social media.

Celebrity worship is defined as an obsessive fascination with a famous person (Zsila, Mccutcheon & Demetrovics, 2018). Maltby, Houran and McCutcheon (2003) conceptualized celebrity worship as "an abnormal type of para-social relationship that is driven by absorption and addictive elements". Liu (2013) defined it as "a form of idol worship of a recognized person who commands a high degree of public and media attention". As observed by Maltby, Mccutcheon, Ashe and Houran (2001), celebrity worship could be carried out on individual or group levels. At individual level, celebrity worship could be detrimental to wellbeing whereas worshipping within the context of social connection could serve as a psychological buffer (Maltby et al., 2001).

McCutcheon, Lange and Houran (2002) proposed the absorption versus addiction model which places celebrity worship on a progressive continuum in which absorption is the entry level and addiction is the highest level. Based on this model, three dimensions of celebrity worship were defined namely; entertainment-social, intense-personal and borderline-pathological dimensions. Entertainment-social stage reflects the social aspects of celebrity worship at which the individual derives pleasure watching, listening to, reading and learning about the celebrity (McCutcheon et al., 2002). The intense-personal dimension takes on a broader social characteristic in which the fan considers the celebrity as a soulmate (Sansone & Sansone, 2014). Borderline-pathological dimension is the highest level characterized by a mixture of empathy with the celebrity's successes and failures, over-identification with the celebrity and obsession with details of the celebrity's life (Maltby et al., 2001). McCutcheon, Rich, Browne and Britt (2016) observed that the proportion of individuals that progress along the celebrity worship continuum decreases from entertainment-social to borderline-pathological levels.

1.1 *Theorizing the link between celebrity worship and mental health of young people*

In a Nigerian study, Uzuegbunam (2017) employed the modelling theory to evaluate how celebrity worship influences the life of young people. The researcher concluded that the life of celebrities, model both positive and negative attitudes for young people. On the positive aspect, young people reported enhanced self-esteem and strong determination to excel while on the negative aspect, they reported acquiring misconstrued ideas about sex, relationship and marriage, from the celebrities. Furthermore, Cheung and Yue (2012) explored the characteristics of celebrity worshippers among adolescents in Hong Kong using the compensation theory. They observed that adolescents who felt deficient in certain "parental resources" often worship celebrities in a way that compensates for the perceived lack. This implies that young people tend to resort to celebrity worship in order to fill up an emotional gap that exist in their relationships with parents.

Another theory that has provided explanations to celebrity worship among youths include the social comparison theory. This theory postulates that people tend to compare themselves to others who have achieved higher level of social recognition; then they try to copy those people, in order to achieve similar social rewards (Shewmaker, 2011). Shewmaker (2011) further explained that this form of social comparison could offer some form of extrinsic motivation for young people to attain their life goals; however, when they fail to meet the standard that their favorite celebrity has set, they can end up becoming depressed. The various theories discussed, suggest that celebrity worship attitude among adolescents is better viewed from a multi-model perspective. Hence current study explores the association between celebrity worship and mental health of youths using a mixed framework of social comparison, absorption-addiction and the transition models.

1.2 *Review of related empirical findings*

A considerable number of studies reported by Zsila et al. (2018), revealed that individuals who show high levels of celebrity worship attitude exhibit more symptoms of mental health problems such as "depression and anxiety, somatic symptoms, obsessive–compulsive

disorder, and dissociation", compared to non-worshippers. Other researches carried out in Asia, Europe and America have explored the link between celebrity worship and aspects of young people's mental wellbeing. In a study of UK undergraduates, Maltby et al. (2003) identified a positive correlation between higher forms of celebrity worship with neuroticism and psychoticism personality traits both of which reflect risks of mental ill health. Shi (2018) enumerated various mental health problems associated with celebrity worship among youths, namely depression and anxiety, socialization deficiencies, disengagement from reality, antisocial behavior and lack of self-identity. Another study by Maltby, Mccutcheon, Ashe and Houran (2001) found that intense-personal domain of celebrity worship was associated with anxiety and depressive symptoms. North, Sheridan, Maltby and Gillett (2007) in a study conducted among European and North American participants, reported a positive link between intense-personal aspect of celebrity worship and self-esteem. This suggests that as individuals become more obsessed with their celebrity idol, their feelings of self-worth increases. These studies were carried out among non-African population and did not address mental health in the subjective context as described by Keyes (2009), in which an individual has feelings of satisfaction towards oneself and the society he or she lives in.

In a Nigerian study, Omenugha, Uzuegbunam and Ndolo (2016) found that 75% of undergraduate students in two universities in the South-Eastern part of the country were "heavily exposed to various forms of celebrity worship". Another study carried out by Uzuegbunam (2017) in Anambra State proved that celebrity worship among Nigerian adolescents and youths in higher institutions is prevalent and is gaining more ground through the vehicle of social media. These studies however, did not ascertain the association of celebrity worship with the subjective mental wellbeing of young people who are responsible for driving the economic, educational, political and social wheels of the society in the near future. Based on this gap, the objectives of this study were to determine the prevalence and the association between celebrity worship attitude of undergraduate students and to explore the gender differences in this scenario.

1.3 *Hypotheses*
This study was guided by four hypotheses as follows:
H1. Gender is significantly associated with celebrity worship attitude of the respondents.
H2. There is a significant relationship between gender and the mental health of the respondents.
H3. Celebrity worship attitude significantly predicts mental health of the respondents.
H4. The mean mental health scores of celebrity worshippers differ significantly from mean scores of non-worshippers.

2.0 METHODS

2.1 *Design of the study*: The study adopted a cross-sectional survey and correlational design to obtain quantitative data from a sample of the undergraduate students. Cross-sectional design was used to obtain data from the sample on the measures of celebrity worship and subjective mental health while correlational design was used to obtain data on the relationship between the variables.

2.2 *Participants for the study*

The study participants comprised 1577 out of 106953 undergraduate students in three selected public tertiary institutions in Enugu State. The population distribution of students in the three institutions according to 2015-2018 academic sessions record, were 96,472 in the

University of Nigeria, 27,217 in Enugu State College of Education Technical and 10,481 in Institute of Management and Technology Enugu. Using online sample size calculator by Survey Monkey, the sample size obtained for the study was 647 students selected from University of Nigeria Nsukka, 579 from Institute of Management and Technology and 351 from Enugu State College of Education Technical; giving a total of 1577 students. These group of students were systematically selected from two faculties each in the various institutions. Only the adolescent respondents within ages 16-19 were used for the study in order not to introduce any bias, since the mental health assessment instrument was specifically for adolescents. The respondents were drawn from undergraduate students in first and second years of study because polytechnics offer only two-year programmes.

The participants were made up of 60.4% females and 39.6% males, mostly between 18-19 years of age. Forty one percent of them were undergraduates at university, 36.7% were from polytechnic and 22.3% from college of education.

Ethical approval was obtained from appropriate authority and participation was voluntary. The participants gave their written informed consent before participating in the study.

2.3 *Data collection instruments and analysis*

Two standardized psychological measures were used for the study, namely the Celebrity Worship Attitude Scale (CAS) developed by McCutcheon et al. (2002) and Adolescent Mental Health Continuum short-form (MHC) by Keyes (2009).

CAS was used to measure celebrity worship attitude of the respondents. The questionnaire identified the respondents' views about famous persons which they named. The scale comprises 34 questions measuring three dimensions of celebrity worship attitude which are entertainment-social (7 items- questions 17, 31, 23, 13, 19, 29, 5), intense-personal (13 items- 1, 8, 11, 2, 33, 18, 24, 12, 14, 16, 28, 6, 3) and borderline-pathological (6 items- 4, 22, 25, 15, 20, 7) with five possible answers: 5= Strongly agree 4= Agree, 3= uncertain or neutral, 2= disagree, 1=strongly disagree.

Respondents with mean rating > 3 on the total celebrity worship scale were regarded as worshippers while those with the mean scores ≤ 3 were regarded as non-worshippers as adapted from the method described by Maltby and Day (2011). The mean rating greater than the mid-point was chosen to indicate celebrity worshippers to represent the respondents who mostly agreed to the items of the instrument.

The Adolescent Mental Health Continuum-Short form was used to determine the mental health status of the respondents. This questionnaire is a measure of positive feelings experienced within the past month. The scale comprised 14 questions out of which the first three are on signs of hedonic wellbeing and 11 on signs of positive functioning. Items 1-3 measures emotional wellbeing, e.g. "how often did you feel happy?" Items 4-8 measures social wellbeing, e.g. "how often do you feel you had something important to contribute to society?" Questions 9-14 assesses the aspect of psychological wellbeing; e.g. "how often did you feel good at managing the responsibilities of your daily life?" The questions had six possible answers which were: "Never" = 0, "Once or Twice" =1, "About Once a Week" =2, "About 2 or 3 Times a Week" =3, "Almost Every Day" =4 and "Every Day" =5. The total marks obtainable by the respondents varied from 0 - 70 where higher scores indicated better mental health. Mean scores of 0 and 1 were coded as 0 and rated languishing mental health; 2 and 3 were coded 1 and rated moderate mental health while 4 and 5 were coded 2 and rated flourishing mental health (Keyes, 2009).

For an individual to be rated flourishing on overall mental health, the person must have rated 'everyday' or 'almost every day' on at least 1 out of 3 hedonic wellbeing and 6 out of 11 measures of positive functioning. Languishing mental health status applies to respondents who rated 'never' or 'once or twice' on at least 1 of 3 signs of hedonic wellbeing and 6 out of 11 signs of positive functioning while individuals who are neither flourishing nor languishing are

diagnosed with moderate mental health (Keyes, 2009). The Cronbach's alpha co-efficient of the CAS and MHC-Short Form were 0.872 and 0.820 respectively indicating high level of internal consistency.

The instruments were hand distributed to the respondents and were collected immediately after completion. The average time it took for filling the survey was about 15 minutes.

2.4 *Statistical analysis*

Data obtained were coded into IBM- SPSS analytical software version 23 and analysed using descriptive and inferential statistics. Data were analyzed as frequencies and percentages, mean and standard deviations. Chi-square analysis was used to determine the gender relationship between with celebrity worship and mental health. Multiple linear regression and independent sample t-test analyses were used to test the hypotheses and significant levels were established at $p < 0.05$.

3.0 RESULTS

The result shows that the respondents selected their favorite celebrity mostly from the music industry (54.6%) followed by movies (23.08%) and sports (6.79%). The majority (87.0%) of the participants followed up on their most favorite celebrity through the social media.

3.1 *Celebrity worship attitude of participants*

Celebrity worship attitude was assessed to determine the prevalence and dimensions of celebrity worship in the context of gender among undergraduate students. The result (table 1) shows that based on the mid-point value calculation, there is a 63.4% prevalence of overall celebrity worship attitude among the participants. About a third (74.6%) worshipped in the dimension of entertainment-social while 66.4% and 56.7% were on the intense-personal and borderline-pathological dimensions respectively. These percentages represent persons who agreed or strongly agreed to most of the items on the CAS. Gender was not found to be significantly associated with any dimension of celebrity worship attitude of the respondents. Hypothesis 1 is therefore rejected.

Table 1: Prevalence and dimensions of celebrity worship attitude by gender of the respondents

Gender	Non-worshippers	Celebrity worshippers	x^2 values
	F (percentage)	F (percentage)	
		Entertainment-social	
Male	154 (24.8)	466 (75.2)	0.178
Female	246 (25.8)	708 (74.2)	
Total	400 (25.4)	1174 (74.6)	
		Intense personal	
Male	194 (31.5)	422 (68.5)	1.958
Female	332 (34.9)	619 (65.1)	
Total	526 (33.6)	1041 (66.4)	
		Borderline pathological	
Male	268 (42.8)	354 (57.2)	0.100
Female	417 (43.6)	539 (56.4)	
Total	682 (43.3)	893 (56.7)	
		Overall celebrity worship attitude	
Male	231 (37.2)	390 (62.8)	0.164
Female	346 (36.2)	610 (63.8)	
Total	577 (36.6)	1000 (63.4)	

F; frequency; x^2; Chi square; SD; standard deviation

3.2 *Mental health status of the participants*

Mental health status of the respondents was measured in the dimensions of emotional, social, psychological and overall mental wellbeing and categorised as languishing, moderate and flourishing status. The data outlined in table 2 below show that only very few (1.3%) respondents were flourishing on the overall mental health. A greater proportion (65.7%) reported languishing on the dimension of emotional wellbeing, 45.7% on social wellbeing, 19.3% on psychological wellbeing and 72.3% on overall mental health. A greater proportion of male than female respondents reported better mental health in all dimensions. However, gender was only significantly associated with social wellbeing, thus hypothesis 2 is rejected except in social wellbeing.

Table 2: Mental health status of the respondents according to gender

	Languishing F (%)	Moderate F (%)	Flourishing F (%)	χ^2 values
Emotional wellbeing				
Male	395 (63.6)	213 (34.3)	13 (2.1)	3.496
Female	641 (67.0)	304 (31.8)	11 (1.2)	
Total	1035 (65.7)	517 (32.8)	24 (1.5)	
Social wellbeing				
Male	249 (40.1)	354 (57.0)	18 (2.9)	13.290*
Female	472 (49.4)	457 (47.8)	27 (2.8)	
Total	721 (45.7)	811 (51.4)	45 (2.9)	
Psychological wellbeing				
Male	125 (20.2)	402 (64.7)	94 (15.2)	1.538
Female	180 (18.8)	647 (67.7)	129 (13.5)	
Total	305 (19.3)	1049(66.5)	223(14.2)	
Overall mental health				
Male	440 (70.9)	169 (27.2)	12 (1.9)	3.313
Female	699 (73.3)	246 (25.8)	9 (0.9)	
Total	1139 (72.3)	415 (26.3)	21 (1.3)	

F; frequency count, SD; standard deviation, *; values are significant at $p < 0.05$

3.3 *Association between celebrity worship and mental health of adolescents*

The data on table 3 shows a multiple regression of the three dimensions of celebrity worship attitude and mental health of the participants. Overall, the regression models were significant on emotional wellbeing (F = 2.798); social wellbeing (F = 8.572); psychological wellbeing (F = 8.652) and overall mental health (F = 2.783) all with small effect sizes of $R^2 \leq$ 0.02. Entertainment-social dimension of celebrity worship attitude positively predicted social wellbeing (b = .089, t = 2.474). Intense-personal significantly (p < 0.05) and positively predicted emotional wellbeing (b = .076, t = 2.012), psychological wellbeing (b =.186, t = 4.920) and overall mental health (b = .084, t = 2.200). Borderline-pathological negatively predicted social wellbeing (b = -.126, t = -3.4620, psychological wellbeing (b = -.073, t = -2.001) and overall mental health (b = -.096, t = -2.630). Hypothesis 3 which stated that dimensions of celebrity worship attitude significantly predict mental health of the respondents was therefore not rejected.

Table 3: Multiple regression of dimensions of celebrity worship attitude (predictor variables) and dimensions of mental health of respondents (outcome variables)

	Beta	t	F-value	R^2
		Emotional wellbeing		
Entertainment-Social	-.034	-.939		
Intense-Personal	.076*	2.012*	2.798*	0.01
Borderline-Pathological	.022	.598		
		Social wellbeing		
Entertainment-Social	.089*	2.474*		
Intense-Personal	-.060	-1.578	8.572*	0.02
Borderline-Pathological	-.126*	-3.462*		
		Psychological wellbeing		
Entertainment-Social	-.046*	-1.268		
Intense-Personal	.186	4.920*	8.652*	0.02
Borderline-Pathological	-.073*	-2.001*		
		Overall Mental Health		
Entertainment-Social	.014	.376		
Intense-Personal	.084*	2.200*	2.783*	0.01
Borderline-Pathological	-.096*	-2.630*		

t = test of predictor variables; * = values are significant at $p < 0.05$, F = ANOVA values for test of regression model, R^2= effect size

To further examine the relationship between celebrity worship and mental health of participants, the mean mental health scores of celebrity worshippers were compared with those of non-worshippers. The result presented in table 4 showed that celebrity worshippers scored significantly ($p < 0.05$) higher than non-worshippers on psychological wellbeing but lower on social wellbeing. No significant difference was found in the emotional wellbeing and overall mental health of celebrity worshippers and non-worshippers. Hypothesis 4 is upheld on the social and psychological wellbeing but rejected on the emotional and overall mental health.

Table 4: Mental health of celebrity worshippers vs. non-worshippers

	Non-Worshippers Mean (SD)	Celebrity Worshippers Mean (SD)	t-test values
Emotional wellbeing	2.70 (2.11)	2.85 (2.53)	1.32
Social wellbeing	10.69 (5.08)	9.88 (4.96)	3.06*
Psychological wellbeing	6.94 (4.86)	7.74 (5.12)	2.98*
Overall mental health	20.32 (9.27)	20.47 (10.11)	0.28

SD = standard deviation; * = values are significant at $p < 0.05$.

4.0 DISCUSSION

The finding of this study shows that the celebrities adored by young people are mostly from the entertainment industry and popular culture. This confirms the observation by Reeves (2018) that the recent increase in the trend of celebrity worship is orchestrated by a rise in the development of consumer culture and the growth in the entertainment industry. A similar observation was made by Zsila et al. (2018) who found that most of the participants in their study had their favorite celebrities from music (31.8%), movie (25.9%), and video-making (13.5%) industries. This shows that entertainment is a crucial aspect of growing up as it offers avenues for relaxation and enhanced positive emotions among young people (Goldstein, 2016).

There was a high prevalence of celebrity worship attitude among the participants. This is in line with the finding of a study by Omenugha, Uzuegbunam and Ndolo (2016) which found about 75% prevalence of celebrity worship among students in two universities in Nigeria. Although majority of them worshipped for the reason of entertainment-social, a good number had moved on to the intense personal and borderline pathological which are regarded as the

problematic levels of celebrity worship. This pattern of celebrity worship supports the absorption-addiction theory which identified the entertainment-social stage as the entry level (McCutcheon et al., 2002). It also reflects the model proposed by McCutcheon et al. (2016), which described the three dimensions as transition stages of celebrity worship where larger number of people start off at the entertainment–social level at which they enjoy good time learning and talking about their favorite celebrities. A few of these people later move on to becoming obsessed with the details of the personal lives of their idols, while yet a few progresses to the borders of being pathological. The proportion of individuals on the intense personal and borderline pathological dimensions as found in this study, is very high, compared to the report by Maltby and Day (2011) who observed that 22.8% of the sample was classified as entertainment–social, 8% as intense–personal and 2.5% as borderline–pathological. It is also higher than the prevalence obtained in a study by Zsila et al. (2018) who reported that 13.8% had high scores on at least one of the intense-personal and borderline-pathological dimensions of celebrity worship. The reason for the disparity of the result could be differences in geographical nuances and contextual factors of the study participants.

In exploring the gender perspective, the finding did not show significant association between gender and all the levels of celebrity worship. It suggests that media celebrities hold sway for both male and female students alike. Perhaps this is because the favorite celebrities were mostly in the entertainment industry. This finding agrees and disagrees with previous studies. For instance, Brooks (2018) reported various studies which found that females had a higher prevalence of celebrity worship attitude than males. McCutcheon et al. (2016) found higher levels of entertainment-social and intense-personal celebrity worship among males. The finding of current study is similar to that of Dardis (2017) who reported no significant association between gender and celebrity attitude scores.

The study further found that majority of the adolescents were below optimal status in all the components of mental health. As many as 72.3% were languishing in overall mental health. According to Westerhof and Keyes (2010), the flourishing state is believed to be the ideal level of subjective wellbeing, psychological and social functioning. The finding suggests that for every 4 adolescents studied, about 3 reported diminished mental health. Although this study focused on self-reported positive mental health, studies have shown that individuals who self-reported languishing mental were found to have actual clinical psychiatric symptoms such as depression and anxiety (Frandsen et al., 2016). Poor mental health among young people have various social consequences such as "lower educational attainment, higher rates of health risk behaviors, poorer social skills, and anti-social behaviors" (MHF, 2016). Selvaraj and Bhat, (2018) stated that individuals who are languishing in life are found to be "lacking positive emotions and not fulfilling goals or life aspirations". The finding of current study differs from those of Luijten, Kuppens, Bongardt and Nieboer (2019) among Dutch adolescents aged 11-17 years old which reported that 54.3% prevalence of flourishing, 40.4% moderate 5.3% languishing level of mental health. This difference in findings could be as a result of difference in age groups used in the studies or the difference in study area or context. The present study was carried out among Nigerian respondents who are in recent times, alleged to be facing a host of economic, political, religious and environmental adversities, ranging from unfavorable national policies, to poor social protection and living standards; all of which according to WHO (2013) are factors that determine mental health of individuals. Further finding showed that a significantly greater proportion of female participants had languishing social wellbeing than the males but no gender influence was found in the emotional, psychological and overall mental health. According to American Psychiatrics Association (2017), research shows that women and men have similar rates of mental health problems with difference only in the types. UNICEF (2019) observed that adolescence period exposes both boys and girls to new mental health risks, but adolescent girls are more at risk due to various social gender norms.

The relationship between mental health and celebrity worship revealed that adoring celebrities was a weak but significant predictor of mental health among adolescents. Entertainment-social dimension of celebrity worship positively predicted social wellbeing of the respondents. This finding supports the fact that entertainment-social dimension reflects the social aspects of celebrity worship. Sansone and Sansone (2014), noted that at this stage, individuals derive entertainment from watching and reading about the life and activities of their favourite celebrity. Reeves (2018) observed that the lives of celebrities are often portrayed as utopian, hence young people tend to identify with them in response to the natural need for social connection.

Further finding showed that intense-personal dimension of celebrity worship positively predicted emotional, psychological and overall mental wellbeing of the respondents. This implies that participants tend to experience more happiness and satisfaction, and felt more positive about their capacity to handle the daily affairs of their lives (Keyes, 2009), as they became more attached to their most favorite celebrities. Thus, intense-personal aspect of celebrity worship appears to be a boost, albeit a minor one, to the self-reported wellbeing of young people. In a related study, North et al. (2007) also found positive correlation between intense-personal celebrity attitude and self-esteem which is an index of psychological wellbeing. Uzuegbunam (2017) also found that celebrity worship could offer young people the benefits of enhanced self-esteem and a strong drive towards achieving their life goals. The finding of current study however, seems contrary to the submissions of various studies which regarded the intense-personal dimension as a problematic stage of celebrity worship (Martin, Mccutcheon, & Cayanus, 2015). Maltby et al. (2001) suggested that celebrity worship reflects poorer psychological wellbeing. The study by Maltby et al. used the General Health Questionnaire (GHQ) which, like the mental health continuum scale, is a self-report measure of mental health. But unlike MHC which measures positive signs, GHQ assessed self-reported symptoms of mental health problems. This reason as well as geographical difference in the study sample could account for the variation in findings.

Expectedly, borderline-pathological celebrity worship negatively predicted social, psychological and overall mental health of the respondents. This finding corroborates the findings of previous studies reported by Zsila et al. (2018) which outlined a number of mental health disorders linked with extreme levels celebrity worship such as depression, anxiety and somatic symptoms. By implication, participants seem to feel less part of meaningful and progressive society and less positive about their functional capacity (Keyes, 2009), as they admired their favorite celebrities in extreme measures. In line with the social comparison theory, Shewmaker (2011) observed that when young people fail to meet the social standard of their favorite celebrities, they can end up becoming depressed, thereby getting themselves disconnected from their own lives, their immediate society and people around them. This then results in a less positive affect in the domain of social, psychological and overall mental wellbeing.

In comparing the mental health of celebrity worshippers and non-worshippers, the study found that celebrity worshippers had significantly better psychological wellbeing but lower social wellbeing than non-worshippers. This finding, indicates that while celebrity worship could offer a little boost to the feeling of self-worth and self-actualization, it could also make individuals feel less part of a meaningful society. Although this study did not determine the context of celebrity worship among the participants, it seems to highlight two of the viewpoints addressed by Maltby et al. (2001), that when celebrity worship is carried out as a personal culture in which the worshipper is alone in his or her acts of worship, it could be detrimental to wellbeing, but when it is done in a social network of other worshippers, it could serve as psychological buffer against daily stresses of life.

4.1 *Limitations of the study*

The major limitation faced by this study is that inherent in self-report studies. Self-report data are subjective and might be easily influenced by the present disposition of the respondents at the time of data collection. However, previous researches on subjective mental health have found self-reported mental health to be clinically significant.

Secondly, the celebrity worship attitude scale used was the older 34-item version. There has been a reviewed version which might have higher psychometric properties than the old version. The mid-point values used in establishing celebrity worshippers are only theoretical and not empirically proved, therefore caution must be exercised in interpreting the results.

Lastly, the relationships identified in this study is only based on correlational analysis and does not suggest any cause and effect relationship.

5.0 CONCLUSIONS AND DIRECTION FOR FUTURE RESEARCH

This study explored the prevalence and association between celebrity worship and subjective mental wellbeing of adolescent undergraduates in Nigerian tertiary institutions from a gender perspective. A major strength of the study is that it provided empirical evidence on the rate of celebrity worship and subjective mental wellbeing of adolescents as well as the interaction between the two variables. The study also compared mental health of celebrity worshippers and non-worshippers which is apparently a new perspective to the discourse of celebrity worship in Nigeria. It was found that there was a high prevalence of languishing mental health as well as high level of celebrity worship. Gender was not found to play any part in all the dimensions of celebrity worship attitude of the respondents, but gender difference was found in favor of the males, on social wellbeing. Celebrity worship attitude was found to be detrimental to mental health only at the borderline pathological level. On the moderate and low dimensions, it was positively associated with emotional and psychological wellbeing suggesting that celebrity worship could be beneficial to some aspects of mental health. This was particularly evident as seen in the higher scores of worshippers than non-worshippers on the psychological aspects of wellbeing. Social component of wellbeing was the aspect apparently impaired by celebrity worship among the participants, indicating some level of disconnection of celebrity worshippers with their real social environment. The findings of this study necessitate further research to identify specific psychological units of existence that benefit from moderate level celebrity worship. There is the need also for more studies to explore other factors that are responsible for the alarming rate of poor mental health among adolescent undergraduates so as to help stem the tide as soon as possible.

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