9.8 Explaining Parasocial Relationships: Absorption-Addiction and Attachment: 30-minute Pack

AQA 7182 · about 30 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Identify and explain two limitations of self-report celebrity-attitude measures.

(Total for Question 1 is 4 marks)

2 Explain a strength of the absorption-addiction model relevant to explanatory power or application.

(Total for Question 2 is 4 marks)

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3 Evaluate a limitation of the attachment explanation, focusing on correlational evidence issues.

(Total for Question 3 is 4 marks)

4 Discuss absorption-addiction and attachment explanations of parasocial relationships with evaluation, methodological comments and applications.

(Total for Question 4 is 16 marks)

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Mark scheme · 9.8 Explaining Parasocial Relationships: Absorption-Addiction and Attachment: 30-minute Pack

Question 1

identifies a limitation, e.g. social desirability bias or response bias in self-report questionnaires oe	**M1**
explains how social desirability could reduce validity, e.g. participants under-report obsessive behaviours to appear normal oe	**A1**
identifies a related issue, e.g. the reliance on introspection means participants may lack insight into their true level of parasocial involvement oe	**M1**
explains the consequence, e.g. correlations with attachment style may be weakened or distorted by biased self-report, limiting confidence in causal interpretations oe	**A1**

Answer: Self-report celebrity-attitude scales are vulnerable to social desirability and poor self-insight, so participants may under-report obsessive behaviours or lack awareness of their involvement; this reduces validity and can distort correlations with attachment style.

Question 2

identifies a strength, e.g. the model explains both onset (absorption) and maintenance (addiction) of intense parasocial relationships oe	**M1**
explains why this is useful, e.g. it offers mechanisms that can be tested and targets for intervention, such as reducing compulsive checking or addressing unmet needs oe	**A1**
offers an applied consequence, e.g. informing clinical or media-literacy interventions to reduce harm from borderline-pathological worship oe	**M1**
explains that this applied value matters because it helps reduce real-world harm and guides preventative strategies oe	**A1**

Answer: Strength: the model explains both how intense parasocial relationships start (absorption) and how they persist (addiction), offering testable mechanisms and intervention targets. This has applied value for designing clinical or media-literacy interventions to reduce harm from borderline-pathological worship.

Question 3

identifies the limitation: much evidence is correlational, so causality cannot be assumed oe	**M1**
explains that even if insecure attachment and parasocial intensity are correlated, we cannot tell whether attachment influences parasociality, parasociality affects self-reported attachment features, or a third variable explains both oe	**A1**
gives an example of a plausible third variable, e.g. low self-esteem or social isolation, that could produce both insecure attachment measures and stronger celebrity worship oe	**M1**
explains why this matters, e.g. it limits the confidence of policy or therapeutic recommendations based on attachment alone oe	**A1**

Answer: Limitation: most evidence linking attachment to parasocial relationships is correlational, so causality cannot be inferred. A third variable such as low self-esteem or social isolation could cause both insecure attachment scores and stronger celebrity worship, limiting confidence in attachment-based interventions.

Question 4

Level 4 Knowledge is accurate and comprehensive, covering absorption-addiction and attachment explanations with clear, well-developed links to research. Evaluation is thorough and wide ranging, including methodological critique, consideration of alternative explanations and clear discussion of real-world applications. Discussion is applied consistently to examples and demonstrates critical judgement. Specialist terminology is used effectively.	**13-16**
Level 3 Knowledge of the explanations is accurate with good detail. Evaluation is clear and includes several relevant points, such as limitations of self-report measures and correlational evidence, and some consideration of applications. Application to examples is present and generally effective. The answer is well organised with appropriate terminology.	**9-12**
Level 2 Knowledge is present but may lack some detail or precision. Evaluation includes some appropriate points but is limited in depth or breadth. Application or methodological comment may be present but not well developed. The answer is sometimes unstructured and terminology may be used inconsistently.	**5-8**
Level 1 Basic knowledge of one or both explanations is present, but detail is minimal, possibly limited to one or two simple statements. Evaluation is superficial, absent, or lists points without development. Little or no application to research methods or real-world implications. Writing may be unclear and terminology limited.	**1-4**
Level 0 No creditable content.	**0**

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Indicative content:

- AO1: Absorption-addiction model, description of absorption (fantasy, identity fulfilment, preoccupation) and addiction (compulsive behaviours, tolerance, negative consequences) and how the model explains intense-personal and borderline-pathological levels.
- AO1: Attachment theory account, explanation of how insecure attachment styles (e.g. anxious and avoidant tendencies) predispose individuals to form parasocial bonds, and McCutcheon et al.'s empirical linkage between insecure attachment measures and higher celebrity-attitude scores.
- AO3: Strength of absorption-addiction model: explains onset and maintenance, offers testable mechanisms and applied intervention targets for reducing harm, and maps onto observed behaviours such as compulsive checking and escalation.
- AO3: Limitation of absorption-addiction model: risk of analogising to substance addiction without sufficient longitudinal or biological evidence; may not account for social or cultural factors influencing celebrity worship.
- AO3: Strength of attachment explanation: draws on well-established theory about relationship needs and offers plausible mechanism for why parasocial relationships feel safe and restorative for insecurely attached individuals.
- AO3: Limitation of attachment explanation: much evidence is correlational so causality cannot be assumed; possible third variables such as low self-esteem, social isolation or mental health issues may explain both insecure attachment scores and intense parasociality.
- AO3: Methodological critique: widespread reliance on self-report celebrity-attitude scales and attachment questionnaires introduces social-desirability bias, limited insight and shared-method variance inflating correlations; many studies are cross-sectional.
- AO3: Empirical nuance: not all research replicates strong correlations and cultural/contextual factors influence parasocial behaviour; some people with secure attachments also engage in benign parasocial interest, suggesting explanatory limits.
- AO3: Application: explanations inform clinical screening and interventions, media-literacy education, and policy to reduce harmful portrayals; but interventions should be cautious given correlational evidence and measurement limits.
- AO3: Balanced conclusion: both explanations have value; absorption-addiction explains behavioural processes and escalation, attachment explains underlying motives for seeking one-sided bonds, but stronger causal and longitudinal research and more objective measures are needed to guide practice.

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