9.8 Explaining Parasocial Relationships: Absorption-Addiction and Attachment

AQA 7182 · about 60 minutes · Write-in edition

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Explain an application of parasocial relationship explanations to clinical practice or media policy.

(Total for Question 1 is 4 marks)

2 Give two behaviours that illustrate absorption in parasocial relationships.

(Total for Question 2 is 2 marks)

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

(Total for Question 3 is 4 marks)

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

(Total for Question 4 is 4 marks)

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

(Total for Question 5 is 4 marks)

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

(Total for Question 6 is 16 marks)

7 Outline the borderline-pathological level and name one possible consequence of this level.

(Total for Question 7 is 3 marks)

8 Outline entertainment-social, intense-personal and borderline-pathological levels and how they differ.

(Total for Question 8 is 6 marks)

9 Explain how attachment theory, and McCutcheon et al., link insecure attachment to parasocial relationships.

(Total for Question 9 is 6 marks)

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

Question 1

identifies a real-world application, e.g. screening for harmful celebrity-worship in clinical assessments or developing media-literacy education targeting absorption behaviours oe — **M1**

explains how this application would work, e.g. clinicians could assess celebrity-attitude severity and offer coping strategies to reduce compulsive behaviours, or regulators could support campaigns to reduce idealised, addictive portrayals of celebrities oe — **A1**

explains a benefit, e.g. reducing distress, preventing stalking or redirecting addictive behaviours to healthy social activities oe — **M1**

clarifies why it matters, e.g. protecting vulnerable individuals and reducing social costs associated with borderline-pathological worship oe — **A1**

Answer: Application: clinicians can screen for and treat harmful celebrity-worship using strategies aimed at reducing absorption and addiction, and media regulators or educators can promote media-literacy to reduce idealisation. These measures can reduce distress, prevent harmful behaviours and protect vulnerable people.

Question 2

identifies one behaviour, e.g. spending hours reading about the celebrity or watching all their interviews oe — **B1**

identifies a second behaviour, e.g. imagining a personal relationship or daydreaming about the celebrity frequently oe — **B1**

Answer: Examples: spending hours reading about or watching the celebrity and frequently daydreaming about having a personal relationship with them.

Question 3

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 4

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 5

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 6

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**

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.

Question 7

outlines borderline-pathological as an extreme, possibly harmful level involving uncontrollable fantasies and potentially illegal or dangerous behaviour oe **M1**

gives a plausible consequence, e.g. stalking, spending excessive money, severe distress when the celebrity is unavailable, or impaired daily functioning oe **A1**

explains that the relationship can be addictive and harmful to the individual or others oe **A1**

Answer: Borderline-pathological: an extreme, potentially harmful level of celebrity worship with uncontrollable fantasies and possible dangerous behaviour; consequence can include stalking or severe impairment to daily life.

Question 8

outlines entertainment-social as casual, social interest in celebrities for entertainment oe **M1**

outlines intense-personal as stronger preoccupation and personal involvement with the celebrity oe **M1**

outlines borderline-pathological as extreme, possibly harmful and involving compulsive or risky behaviour oe **M1**

explains that intensity increases from entertainment-social to intense-personal to borderline-pathological oe **A1**

explains that potential for harm is minimal at entertainment-social, moderate at intense-personal and high at borderline-pathological oe **A1**

notes behavioural differences such as casual chatter versus daily preoccupation versus obsessional/illegal acts oe **A1**

Answer: Entertainment-social: casual, social interest used for amusement. Intense-personal: stronger, preoccupied involvement with frequent thoughts and emotional attachment. Borderline-pathological: extreme, potentially harmful obsession that can lead to compulsive or risky behaviour. Intensity and risk increase across the three levels.

Question 9

states that attachment theory suggests early attachment experiences influence later relationship patterns, including parasocial bonds oe	**M1**
explains that insecure attachment (e.g. anxious or avoidant styles) may predispose individuals to seek one-sided, safe relationships with celebrities they cannot be rejected by oe	**A1**
explains how anxious attachment may lead to intense preoccupation and need for proximity via parasocial means, while avoidant attachment may favour one-sided safe involvement rather than real relationships oe	**A1**
references McCutcheon et al. as providing empirical evidence linking insecure attachment measures to higher scores on celebrity-attitude or parasocial scales oe	**M1**
explains McCutcheon et al.'s finding that certain insecure attachment tendencies were associated with greater likelihood of intense parasocial involvement, supporting the attachment account oe	**A1**
notes the mechanism: parasocial relationships provide attachment-like functions such as emotional regulation and a sense of security without the risk of real rejection oe	**A1**

Answer: Attachment theory account: early insecure attachment can predispose people to form parasocial relationships because these one-sided bonds provide attachment functions without the risk of rejection. McCutcheon et al. found that measures of insecure attachment were associated with higher celebrity-attitude scores, supporting this explanation.