

strength

A strength of the working memory model is that there is evidence of different slave systems.

For example, pts did better when they were asked to do a verbal task such as repeating the same word over and over and a visual task such as eye tracking at the same time compared to when they were asked to do two visual tasks such as eye tracking and visualising the letter f at the same time.

This matters because two visual tasks were competing for limited resources of the visual spatial sketchpad whereas the tracking and verbal tasks use separate components (the visual partial sketchpad and the phonological loop)

Therefore, the working memory model is reliable

However, many research studies that support the working memory model use artificial tasks such as eye tracking and visualising the letter F. These tasks aren't reflective of everyday activities and so the research lacks mundane realism.

Weakness

A weakness of the working memory model is that the central executive is too simplistic.

For example Eslinger and Damásio studied patient EVR who had a cerebral tumor removed. After the cerebral tumor was removed patient EVR performed well on test that required reasoning however he had poor decision making skills.

This matters because, patient EVR shows that the central executive should be divided up into separate components. There should be a component for reasoning and a component for decision making.

Therefore the working memory model lacks validity as the central executive has not been investigated accurately.

Strength

A strength of the working memory model is that there is evidence from brain damaged patients.

For example, patient KF suffered brain damage for a motorcycle accident that damaged his STM. KF's impairment was mainly for verbal information however his visual information was unaffected (VSS).

this matters because it is evidence to show that there are separate stores in the STM for visual information and for verbal information.

Therefore the working memory model is reliable.

However, there is an issue with gathering information from brain damaged patients as brain damage is traumatic and can itself change behaviours so that a person performs worse on certain tasks. Therefore we cannot generalise the findings to non brain damaged individuals.



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