

Examining the Relationship Between Subjective Executive Functioning, Think/No-Think Task Performance, and Psychiatric Symptoms: Integrating Self-Report and Experimental Measures

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Abstract : This study examines the relationship between subjective executive functioning, memory control, and psychiatric symptoms (anxiety and depression), addressing a critical gap in aligning self-reported executive dysfunction with objective measures of memory suppression. Using the Behavior Rating Inventory of Executive Function - Adult Version (BRIEF-A) and the Think/No-Think (TNT) task, the study evaluates how these measures relate to psychiatric symptoms and assesses suppression-induced forgetting (SIF). Fifty-four adults aged 21-59 first completed the Think/No-Think (TNT) task under Thought Avoidance (TA) and Thought Substitution (TS) conditions, followed by the Behavior Rating Inventory of Executive Function - Adult Version (BRIEF-A), Generalized Anxiety Disorder-7 (GAD-7), and Patient Health Questionnaire-9 (PHQ-9). Statistical analyses included correlations, mediation models, and ANOVAs. Results indicated significant correlations between each of the BRIEF-A scales and indices and psychiatric symptoms. Higher self-rated executive dysfunction (Global Executive Composite, Behavioral Regulation Index, and Emotional Control) predicted higher anxiety levels. Similarly, the Global Executive Composite and Material Organization predicted higher depression levels. However, TNT task performance did not correlate with self-reported executive dysfunction, nor did it mediate the relationship between executive functioning and psychiatric symptoms. No significant SIF effect was observed, with no differences between the No-Think and Baseline trials. Additionally, instructional (TA and TS) and test (Independent-Probe - IP and Same-Probe - SP) conditions did not significantly influence thought suppression performance, and the severity of anxiety and depression symptoms did not affect task outcomes. These findings indicate that subjective executive dysfunction is associated with higher anxiety and depression, but memory suppression performance does not demonstrate a mitigating effect on these symptoms. Clinically, interventions focusing on broader executive functioning rather than memory suppression may better address these conditions. Practitioners could explore tailored cognitive strategies and alternative techniques to help patients manage intrusive thoughts effectively.

Keywords : anxiety, depression, subjective executive function, suppression-induced forgetting, think/no-think task

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