**Supplement Results**

Descriptive statistics for the dependent measures are presented in **Supplementary Table 1**. ESAS global and subscale scores correspond to those reported in previous research [1]. ESAS scores reliably correlated weakly and significantly with all predictors of interest but tended to be greater for suggestibility and lower for trauma. Suggestibility weakly correlated with dissociation but did not significantly correlate with trauma, thereby replicating previous results [2]. Dissociation scores were also weakly correlated with trauma scores.

*Moderation analyses*

Five competing hypotheses were tested using four simple moderation analyses and one moderated-moderation model with ESAS-global scores as the outcome measure (**Supplementary Figure 1**). Inferential statistics for the moderation models can be found in **Supplementary Table 2** and all were significant. In the first model, TEC and BSS-C were both significant predictors but their interaction was not. Similarly, in the second model BSS and DES were both significant predictors but their interaction did not achieve significance. By contrast, in the third model, TEC and the TEC × DES interaction were significant predictors of ESAS-global whereas DES was not. Model comparisons using BIC values demonstrate that among these three models, the second model with BSS-C and DES as predictors was the best fitting model; this is also reflected in the finding that it explains the greatest variance in the outcome, *R*2=.15. Suggestibility accounted for ~6% of the variance in SAEF scores whereas dissociation accounted for ~4%, suggesting ~5% shared variance. These results demonstrate that both variables are significant independent predictors with weak effect sizes.

*Moderated-moderation analysis*

The moderated-moderation analysis assessing the data for a three-way interaction between suggestibility, trauma, and dissociation in predicting SAEF was also significant (**Supplement Table 2**). The central prediction of a suggestibility × dissociation × trauma interaction was not significant, with the dissociation × trauma interaction being the largest interaction but only accounting for ~2% of the variance. Similarly, the suggestibility × trauma interaction was not significant. Ultimately these results suggest that dissociation and trauma weakly interact in the prediction of SAEF but suggestibility does not moderate this effect.

*Moderation and moderated-moderation analyses with ESAS subscales*

The moderation analyses were repeated on the ESAS-subscales and yielded similar results (see **Supplement Tables 3 and 4**). For all ESAS subscales and all models, suggestibility was a significant independent predictor but there were no significant interactions with dissociation or trauma. Dissociation was also a significant predictor of all subscales irrespective of whether suggestibility or trauma was included in the model. By contrast, trauma was only a reliable independent predictor for the ESAS odour subscale. Evidence for a significant interaction (moderation) effect between trauma and dissociation was also observed for all subscales. Similar to the analyses of the ESAS-global scores, the BSS-C × DES model was the best fitting model for all subscales, as reflected in the lowest BIC scores, and largest *R*2 (range: .13-.14), except for the odor subscale, for which the TEC × DES was the best fitting model, *R*2=.10.

In addition, similar to the analysis of ESAS-global scores, the moderated-moderation models were again significant with reliable TEC × DES interactions, but no other interactions, for all subscales. However, these models did not provide substantially stronger explanatory power in terms of explained variance relative to the simple moderation models (*R*2 range: .14-.16). Taken together, these results indicate that those who are more responsive to direct verbal suggestions and those who have a history of trauma and dissociative experiences may be more likely to experience SAEF, but that suggestibility does not seem to significantly interact with trauma and dissociation in the experience of SAEF.

*Exploratory regression analysis*

An exploratory regression analysis of ESAS global scores including DES, TEC, BSS-C and a DES × TEC interaction accounted for the largest amount of variance in ESAS-global scores among all models assessed (see Supplement **Table 5**). Suggestibility accounted for more of the variance than TEC and DES, both independently and interactively. In order to clarify whether these effects were specific to particular dissociative experiences, we conducted three further exploratory multiple regression analyses in which the foregoing model was evaluated using the three DES subscales rather than the DES total score. The corresponding results suggest that the role of dissociation in SAEF does not appear to be driven by the DES-amnesia subscale, but by the DES-absorption and DES-depersonalization-derealization (DES-DD) subscales. In particular, the model including DES-absorption displayed comparable model fit to the primary model, based on BIC scores and explained variance, and the interaction with trauma remained stable. By contrast, although the model including the DES-DD subscale similarly displayed comparable fit to the primary model and DES-DD was an independent predictor of ESAS-global scores, the interaction with trauma was not observed. Importantly, the BSS-C remained the strongest predictor of ESAS-global scores in all models. This suggests that the association between dissociative tendencies and SAEF is mostly specific to dissociative absorption and depersonalization-derealization experiences whereas the interaction between dissociation and trauma in the prediction of SAEF is primarily driven by dissociative absorption.

**References**

1 Nordin S, Palmquist E, Claeson AS. The Environmental Symptom-Attribution Scale: Metric properties and normative data. J Environ Psychol. 2013;36:9-17.

2 Wieder L, Terhune DB. Trauma and anxious attachment influence the relationship between suggestibility and dissociation: a moderated-moderation analysis. Cogn Neuropsychiatry. 2019 May;24(3):191-207.