



LOG ID	BOOK REFERENCE	RCT FILTER	CONFIDENCE TIER
SEC 3.5.2	CHAPTER 3: PROCESSOR (Conscious Management)	ON	CONSENSUS

AUDITED CLAIM

GRACEFUL YIELDING PROTOCOL (SUDO DROP)

SYSTEMS MODEL — AS STATED IN THE BOOK

Attempting to **wipe the cache** and sever this feedback loop to avoid discomfort induces clinical dissociation — a self-inflicted **Denial-of-Service (DoS)** attack on the nervous system.

VALIDATION QUERY

Does the psychological suppression or experiential avoidance of somatic stress responses increase the risk of clinical dissociation?

EMPIRICAL FINDING

Trauma and functional neurological research consistently links the experiential avoidance of somatic stress responses to increased vulnerability to clinical dissociation. Severing the connection to bodily stress signals acts as a maladaptive coping mechanism that maintains functional neurological symptoms.

PRIMARY ANCHORS

- Schäfflein et al., 2018, European Journal of Psychotraumatology
- Heekerens et al., 2023, Psychological Trauma

ABOUT THIS RECORD

Each claim in the book is decompiled from its IT metaphor into a naked, falsifiable scientific claim, then anchored to a **primary peer-reviewed source**. Claim and anchor are queried against the Consensus academic database (200M+ papers) under a fixed protocol — top-tier **Q1/Q2 journals only**, preprints excluded, human studies only. If a hypothesis fails the audit, the build is rejected: the AI generates the syntax; the peer-reviewed grid validates the physics.

CONFIDENCE TIERS

- ☒ **CONSENSUS** ◀ **this log** — broadly established, highly replicated mechanics.
- ☐ **EMERGING** — plausible, actively researched; no universal consensus yet.
- ☐ **EXPERIMENTAL** — contested, extrapolated, or purely theoretical.

RCT FILTER — Controlled Studies is ON for interventions (a forced action must beat a control) and OFF for mechanisms (so foundational neuroscience isn't blocked).

THE DREAM MACHINE

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Yes, **suppression and experiential avoidance** appear to **increase dissociative risk**, especially in trauma-exposed and clinically vulnerable groups.

1. Introduction

Across this corpus, the answer is yes in a qualified sense: psychological suppression, experiential avoidance, alexithymia, body disconnection, and low tolerance of bodily stress cues consistently cluster with higher dissociative symptoms and with disorders where dissociation is prominent. The evidence is strongest in trauma-related and functional neurological populations, where avoidance of bodily and emotional experience is repeatedly associated with dissociation, somatoform symptoms, or stress-triggered dissociative states (Schäfflein et al., 2018; Lam et al., 2024; Steffen et al., 2015; Rogier et al., 2021; Cloitre et al., 2012).

The important caveat is causality. Most studies are cross-sectional or mechanistic rather than prospective, so they show that suppression/avoidance and dissociation travel together more than they prove that suppression alone causes later clinical dissociation. Still, experimental stress studies, ecological sampling, and treatment-moderation findings support a plausible pathway in which heightened arousal or pain is followed by dissociation, and avoidance-based coping helps maintain that pattern over time (Danböck et al., 2023; Heekerens et al., 2023; Hoeboer et al., 2020; Kleindienst et al., 2016).

Does the psychological suppression or experiential avoidance of somatic stress responses increase the risk of clinical dissociation?

Requires at least 5 papers that directly answer your question. Try adjusting your query to find more papers.

FIGURE 1 Research consensus on suppression and dissociation link

The meter fits a moderate-to-strong yes, not a definitive causal verdict. The literature consistently links avoidance of internal stress signals with dissociation, but direct longitudinal tests of incident dissociative disorder remain scarce (Lam et al., 2024; Huang et al., 2020).

2. Methods

This Deep Search reviewed evidence from over 170 million research papers indexed in Consensus, including Semantic Scholar, PubMed, and other sources. The workflow identified 24,657 papers in the primary search, expanded through citation crawling and targeted synonym/mechanism searches, screened 240 records with machine-learned relevance filtering, judged 133 unique papers eligible after deduplication, and included the top 50 most relevant human controlled-study papers for synthesis.

Search Strategy

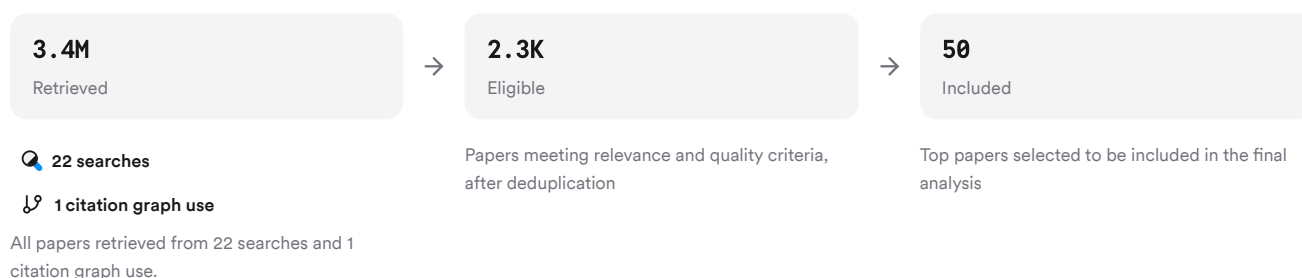


FIGURE 2 Deep search screening and inclusion flow

Searches combined dissociation with suppression, experiential avoidance, somatic stress, alexithymia, interoception, trauma, and intervention outcomes.

3. Results

3.1 Key Papers

Several papers anchor the corpus because they connect avoidance or dysregulated bodily stress processing to dissociation from different angles: dissociative disorder psychophysiology, functional neurological symptoms, and real-time stress-induced dissociation (Schäfflein et al., 2018; Steffen et al., 2015; Graumann et al., 2023).

Paper	Summary
(Schäfflein et al., 2018)	Self-perception stress elicited high dissociation with autonomic blunting (Schäfflein et al., 2018)
(Apaydin et al., 2025)	Psychosocial stress increased state dissociation in clinical groups (Graumann et al., 2023)
(Bandelow et al., 2017)	Emotional abuse related to FNS through alexithymia and suppression (Steffen et al., 2015)

FIGURE 3 Foundational papers in this dissociation corpus

3.2 Stress Reactivity

Acute stress appears to precipitate dissociation in vulnerable groups. In women with BPD, momentary affective arousal predicted higher dissociation about 15 minutes later, and some participants reported reduced negative affect after dissociation, consistent with short-term relief and longer-term maintenance (Heekerens et al., 2023).

A TSST study likewise found significant increases in somatoform dissociation, derealization, depersonalization, and analgesia in BPD/PTSD groups, with no such increase in non-clinical controls (Graumann et al., 2023). Experimental trauma-analogue work showed that aversive audiovisual stimulation and pain each elicited dissociation, and pain markers were consistently linked to higher dissociation levels (Danböck et al., 2023).

3.3 Avoidance And Body Disconnection

Dimension	Dissociative Seizures	Dissociative Disorders	BPD / PTSD-related Samples	Citations
Somatic arousal	High attack arousal	High subjective stress	Stress-linked dissociation	(Goldstein & Mellers, 2006; Schäfflein et al., 2018; Graumann et al., 2023)
Subjective awareness	Anxiety not reported higher	Stress-dissociation decoupled from ANS	Body disconnection elevated	(Goldstein & Mellers, 2006; Schäfflein et al., 2018; Schmitz et al., 2021)
Avoidance pattern	Agoraphobic avoidance elevated	Self-perception avoidance	Low trust in body signals	(Goldstein & Mellers, 2006; Schäfflein et al., 2018; Higson et al., 2024)
Candidate mechanism	Safety behaviors maintain attacks	Avoidance of self-related cues	Body dissociation mediates dysregulation	(Goldstein & Mellers, 2006; Schäfflein et al., 2018; Schmitz et al., 2021)

FIGURE 4 Body-focused avoidance patterns across clinical groups

Across diagnoses, dissociation often co-occurs with impaired access to bodily signals rather than absence of stress. Functional seizure cohorts reported low trust in body sensations and less tuning-in to unpleasant body signals, both proposed as contributors to pathogenesis (Higson et al., 2024). In PTSD research, body dissociation is framed as emotional disconnection and a coping style toward the body, and dissociative disorders have shown heartbeat-perception deficits consistent with avoidance of bodily signals (Schmitz et al., 2021).

3.4 Suppression, Alexithymia, And Intervention Signals

Suppression-related constructs repeatedly align with dissociation. In functional neurological symptoms, patients showed stronger alexithymia and suppressive emotion regulation style than controls, and alexithymia partially mediated the link between emotional childhood adversity and symptom severity (Steffen et al., 2015). In gambling disorder, suppression scores were higher than in community controls, alongside higher dissociation (Rogier et al., 2021). In abused children, alexithymia and dissociation sequentially mediated the link between child sexual abuse and somatic complaints, implying that avoided distress can shift into bodily and dissociative manifestations (Dubé et al., 2024).

Intervention findings point in the opposite direction: increasing mindful and interoceptive awareness tends to reduce dissociative tendency. A 7-week mindfulness-oriented meditation trial reduced dissociative tendencies while increasing interoceptive awareness (D'Antoni et al., 2021). A pilot physiotherapeutic trial in dissociative disorders found that a safety- and self-soothing-focused body intervention lowered distress and improved comfort, though psychophysiological findings weakened after multiple-comparison correction (Stief et al., 2025).

Results Timeline

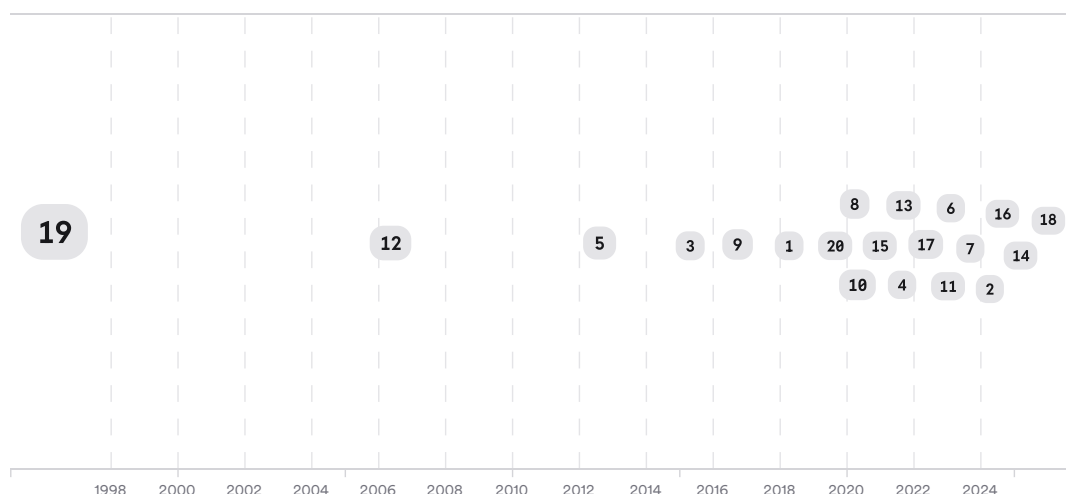


FIGURE 5 Timeline of dissociation research, larger markers indicate more citations

Earlier work established dissociation, somatization, and affect dysregulation as interrelated trauma adaptations, while later studies refined the mechanism toward body disconnection, stress-triggered states, and avoidance-based maintenance (Kolk et al., 1996; Heekerens et al., 2023).

Top Contributors

Type	Name	Papers
Author	L. Goldstein	[fc9036a483d15fbe9ce03627bec48d80][1cd27016510b5d60ac3659aaf9883fc0]
Author	M. Sack	[24d16d5f85d9504181ff93a6b03be234][16c174aeb5e565ca6a71caf0e5bf25a17]
Author	K. Wingenfeld	[37ef9a4f02e057c8a850d6fbbcc2a6e0][4a2a985e75cc5ef0999690a023af4c36]

Type	Name	Papers
Journal	<i>European Journal of Psychotraumatology</i>	[24d16d5f85d9504181ff93a6b03be234][f948c9f3260e5b938f9cc0b606fcab84] [7ea9518734f1529db7ea277858323f7f][dd818ecc372a5c2490363c7588e2225f]
Journal	<i>Journal of Trauma & Dissociation</i>	[d13b664c8fdf5d81ac26097375128b7d][07567c8b51b55b8ea36b35653a518c2a] [b929e7adb8025af192c4f319f3e9ec14]
Journal	<i>Psychological Trauma</i>	[d67accd305b257aca14e7b8c0802c489][63911a84afc25620aa875ab30a0ed15a]

FIGURE 6 Authors and journals appearing most in included papers

4. Discussion

The central pattern is consistent: dissociation tends to appear where people are overwhelmed by stress yet disconnected from, avoidant of, or suppressive toward bodily and emotional signals. This is supported by cross-sectional clinical studies, laboratory stress inductions, and experience-sampling studies rather than by prospective incidence studies (Kolk et al., 1996; Danböck et al., 2023; Heekerens et al., 2023).

The mechanistic literature is stronger than the causal-risk literature. Studies show that acute arousal, pain, and trauma reminders can evoke dissociation; that dissociation can bring short-term distress relief; and that body dissociation, alexithymia, dysfunctional coping, and avoidance are associated with more severe symptom profiles (Danböck et al., 2023; Heekerens et al., 2023; Schmitz et al., 2021; Lam et al., 2024). That supports a maintenance model in which suppression and experiential avoidance increase vulnerability to dissociative responding.

But the field has limits. Several studies are small, female-only, cross-sectional, or rely on self-report (Graumann et al., 2023; Stief et al., 2025; Dimitrova et al., 2020; Apaydin et al., 2025). Alternative models also matter: in mixed anxiety/depression samples, distress and unusual dreaming both contributed to dissociation, and in DID/PTSD, sleep disturbance lost predictive value once trauma was controlled (Buchnik-Daniely et al., 2021; Dimitrova et al., 2020).

Claim	Evidence Strength	Reasoning	Papers
Stress, pain, and trauma reminders can trigger acute dissociation in vulnerable people.	 Strong	Replicated across experiment, TSST, and experience sampling.	(Danböck et al., 2023; Graumann et al., 2023; Heekerens et al., 2023)
Avoidance-related coping is associated with higher dissociative symptom burden.	 Moderate	Supported across DD, DS, FNS, GD, and trauma samples, mostly observational.	(Schäfflein et al., 2018; Goldstein & Mellers, 2006; Rogier et al., 2021)
Body disconnection / low interoceptive trust appears to link trauma and dysregulation to dissociation.	 Moderate	Multiple converging studies, but mostly cross-sectional mediation.	(Schmitz et al., 2021; Higson et al., 2024; Schmitz et al., 2021)
Reducing suppression or increasing mindful self-awareness tends to reduce dissociative tendency.	 Moderate	Some intervention support, but limited direct dissociation endpoints and small trials.	(D'Antoni et al., 2021; Stief et al., 2025; Salem et al., 2025)
Suppression/avoidance alone has been shown to cause incident clinical dissociative disorder .	 Weak	Direct longitudinal causal evidence is largely missing.	(Huang et al., 2020; Lam et al., 2024)

FIGURE 7 Key claims and evidence across included studies

5. Conclusion

Overall, the literature supports a moderate yes: psychological suppression or experiential avoidance of somatic stress responses appears to increase vulnerability to dissociative symptoms and likely helps maintain clinical dissociation once it emerges. The evidence is most convincing for stress-triggered dissociative states, body disconnection, alexithymia, and avoidance-related coping in trauma-related and functional neurological populations (Goldstein & Mellers, 2006; Steffen et al., 2015; Lam et al., 2024).

Research Gaps

The main gap is not whether these constructs are related, but whether avoidance of bodily stress signals prospectively causes dissociative disorders, in whom, and through which biological pathways.

Topic/Outcome	Prospective cohorts	Experimental causality	Objective physiology	Treatment mediation
Dissociative disorders	1	3	4	2
Functional seizures/FNS	1	1	3	2
PTSD dissociative subtype	2	2	4	3
Interoception/body dissociation	1	2	3	2

Open Research Questions

The next studies should test causal sequencing rather than just association, and should separate trauma load from coping style and body-signal processing.

Question	Why
Does avoidance of bodily stress cues prospectively predict new-onset dissociative disorder after trauma exposure?	This would directly test the causal risk question that current cross-sectional studies cannot settle.
Do interventions that increase interoceptive tolerance reduce dissociation more than general stress-management approaches?	This would clarify whether body-focused mechanisms are specific treatment targets rather than correlates.
Which physiological signatures distinguish adaptive short-term dissociation from chronic clinical dissociation?	This could separate transient defensive states from persistent pathological dissociation and improve mechanism-based treatment matching.

In answer to the original question, suppression and experiential avoidance of somatic stress responses are consistently linked to greater clinical dissociation risk, but the strongest evidence supports association and maintenance more than definitive long-term causation.

These search results were found and analyzed using Consensus, an AI-powered search engine for research. Try it at <https://consensus.app>. © 2026 Consensus NLP, Inc. Personal, non-commercial use only; redistribution requires copyright holders' consent.

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