Ref: JAD\_2015\_1235

Title: Unseen Positive and Negative Affective Information Influences Social Perception in Bipolar I Disorder and Healthy Adults

Journal of Affective Disorders

Suggestions: accept with minor revisions

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The current paper investigated group-related differences in the influence of unconscious emotional processing on conscious person perception judgments using a continuous flash suppression task among individuals with remitted BD compared with a healthy adult control group. The most compelling findings is regardless of diagnosis, participants rated neutral faces as more trustworthy, warm, and competent when paired with unseen happy faces as compared to unseen angry and neutral faces; participants rated neutral faces as less trustworthy, warm, and competent when paired with unseen angry as compared to neutral faces. These findings suggest that emotion-related disturbances are not explained by early automatic processing stages, and that activity in the dorsal visual stream underlying implicit emotion processing is intact in bipolar disorder.

I found this manuscript intriguing as automatic/non-conscious processing of affective stimuli in bipolar disorder is underexplored and the question as to whether poor affective processing is the result of abnormal amygdala activation (e.g. LeDoux model) or rather due to poor cortico-limbic connections and abnormalities in cognitive appraisal. I think this paper presents innovative and refreshing ideas and deserves to be published in JAD. I commend the authors for the innovative methodology and approach to study early affective processing but would like to suggest a few changes to strengthen the rationale to study these mechanisms in bipolar disorder and better understand implications for future studies/clinical practice.

1. Abstract: please provide age and gender (e.g. n of females) of the participants.
2. I would urge the authors to provide an accurate description of bipolar disorder (e.g. bipolar disorder is characterized by mood fluctuations including depressive, hypomanic, manic phases and not only mood elevation), and appropriate references (for instance, Leppänen, J. M. (2006) (see page 5). Emotional information processing in mood disorders: a review of behavioral and neuroimaging findings. Current opinion in psychiatry, 19(1), 34-39).
3. Please provide definitions and references for the concepts of affective reactivity and disrupted social functioning.
4. Have the authors considered asking participants to rate their mood before and after the stimuli presentation to determine if there were acute “mood-induction like effects”?
5. How did authors define euthymia/remission in this study?
6. I noticed that the authors focused on participants with BD type I (see abstract) but this is not discussed in the manuscript. Although participants are remitted I would like to know why they selected this subsection of the BD population and would encourage the authors to address this issue in the discussion.
7. Could the author clarify if they randomized the presentation of stimuli to the dominant/non-dominant eye? In other words, did they expect differences in performance depending on whether (for instance) a neutral face was presented to the dominant rather than non-dominant eye? E.g. delays due to extra processing time?
8. Have the authors considered asking participants to perform a complex cognitive task after presenting them with non-conscious stimuli and determine if the non-conscious processing of stimuli affects high order functions? I am asking this because social functioning requires a complex set of skills. Thus even if social judgement does not differ across groups, the social behavior of bipolar patients may be due to other biases resulting from exposure to affective stimuli, even at a non-conscious level.
9. Table 1: provide the number of individuals on each medication rather than a mean (not sure what this mean refers to)
10. Table 2: please add the lower/upper values of the rating scale in the caption to improve understanding of the table