**Supplementary Material**

**Supplemental Measures**

*Mood induction music selection.* The music selection for the mood inductions was based on the protocol development by Eich et al. ([Eich *et al.*, 1994](#_ENREF_19)). The music for the happy mood induction included the Allegro and the Rondo from Mozart’s *Eine Kleine Nachtmusik;* the Finale from Mozart’s Serenade no. 9 in D Major (“Posthorn”), K. 320; the Allegro from Bach’s Brandenburg Concerto no. 3; “Waltz of the Flowers,” “Trepak,” and “Dance of the Flutes” from Tchaikovsky’s *Nutracker;* the Allegro from Dvorak’s Piano Quartet in E-flat Major; the Presto from Dvorak’s Slavonic Dance no. 1 in C Major, op. 46, no. 1; the Allegretto from Dvorak’s Slavonic Dance no. 6 in D Major, op. 46, no. 6; the Allegro from the “Spring” movement of Vivaldi’s *Four Seasons;* and Brahms’s Hungarian Dance no. 7 in F Major. The music for the sad mood induction included the Adagio from the “Autumn” movement of Vivaldi’s *Four Seasons;* “Lullaby” from Stravinsky’s *Firebird;* Chopin’s Prelude in E Minor, op. 28, no. 4; Faure ́’s Piano Quintet no. 1 in D Minor, op. 89; Faure ́’s Quartet no. 1 in C Minor, op. 15; Rachmaninov’s *Vocalise,* op. 34, no. 14; Mahler’s Symphony no. 5; Suite no. 1 from Grieg’s *Peer Gynt;* and Albinoni’s Adagio in G Minor. Finally, the music for the neutral induction included Fauré’s Ballad for Piano and Orchestra, op. 19, and the second and third movements from Brahms’s Symphony no. 3 in F Major, op. 90.

**Supplemental Procedures**

Mood induction overnight visits were each approximately 2 weeks apart; average time elapsed between sessions in the present subsample did not differ for the bipolar group (M = 16.2 days, SD =6.0 days) and the control group (M = 13.4 days, SD = 4.6 days). In the full sample, some participants did not participate in both the happy and sad mood induction nights (bipolar n = 6; control n = 2). Attrition was due to: inability to recontact (bipolar n = 4, control n = 2), moved out of state (bipolar n =1), and declined to continue participation (bipolar n = 1).

**Supplemental Results and Discussion**

**Illness Course**

Exploratory spearman rho correlations were also conducted to examine effects of illness course characteristics on SWA. The significance level was set at *p*<0.05. In BD, baseline and sad mood induction night SWA were not significantly correlated with illness course characteristics (*p*s>0.05). However, a longer duration of bipolar illness (*r* = -0.65, *p* = 0.006), greater number of lifetime depressive episodes (*r*=-0.64, *p*=0.008), and greater number of lifetime (hypo)manic episodes (*r*=-0.52, *p*=0.040) correlated with lower happy night SWA. Interestingly, longer duration of illness and greater number of depressive episodes were associated with lower SWA on the happy mood induction night for the bipolar group. This finding potentially supports the notion that an increase in SWA related to positive mood is an adaptive response, but also indicates that progressing bipolar illness may dampen such a response.