Exposure to light supresses the activity of the medial and superior amygdala during emotional processing

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Short Title: Light modulates the amygdala during emotional processing

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Abstract

Background: Light can influence several non-image-forming biological effects including the modulation of mood and emotional processing through neural circuitry that remains to be fully established. Rodent data showed that nuclei the amygdala, known to be important to mood regulation and emotional processing, receive direct inputs from the retina and mediate part of the affective impact of light. Here, we wanted to assess whether these animal findings translate to human beings. We determine the dynamics of the impact of light exposure on the activity of the amygdala, and whether the dynamics varied across its volume, during the processing of emotional stimulation.

Methods: We used 7 Tesla functional magnetic resonance imaging to assess the impact of variations in light illuminance on the regional activity of the amygdala in healthy young adults (N = 29; 18 women; 24 ± 3.1y) during an auditory emotional task.

Results: We find that several subregions of the amygdala, including the medial nucleus that receives direct retinal projection, showed a marked and linear reduction of activity with increasing illuminance when processing emotionally charged stimuli.

Conclusion: We speculate that it is through the medial nucleus that light affects the emotional state of healthy individuals. These findings shed more light on the mechanisms that underlie the biological impact of light on the brain and may contribute to the benefits of light therapy in the treatment of mood disorders.

Introduction

Bright light therapy is established as a non-pharmacological treatment for seasonal affective disorder (SAD) and is also considered an efficient adjunct therapy for other non-seasonal psychiatric disorders (1,2). Previous research reported that the mechanisms of action of light on human mood could involve the production of serotonin and dopamine (3–5), the normalisation of rods and cones functioning in the retina (6), the improvement of circadian entrainment (3,6), or an impact on the brain emotional processing (7,8). Light's influence on mood in humans may be mediated through a light-sensitive pathway of the retina (9,10) that detects environmental irradiance and is often referred to as the non-image forming (NIF) pathway (11). The NIF system mostly mediates light influence on functions not directly related to image formation, including melatonin suppression (12), stimulation of alertness and cognitive performance (13) and circadian entrainment (14). Intrinsically photosensitive retinal ganglion cells (ipRGCs) are the main photoreceptors of the NIF system. They express the photopigment melanopsin, which is maximally sensitive to blue-wavelength light (~480nm) (15), and combine their intrinsic photosensitivity to inputs from rods and cones (16) to influence multiple brain targets with a maximal efficiency shifted toward blue wavelengths (17).

Interestingly, many of these brain targets are involved in mood regulation and emotional processing (15). The perihabenular zone, ventral lateral geniculate nucleus and intergeniculate leaflet, all receive ipRGCs innervation and have been implicated in pathways mediating light's influence on depressive-like behaviours in animal models (18,19). Rodent data also showed that the amygdala also received direct inputs from ipRGCs (15,20). The amygdala is a complex structure that is divided into 13 nuclei, though their exact classification is still debated (21). In rodents, ipRGCs project to the central nucleus of the amygdala (CeA) and the pathway was found to mediate anxiety-related behaviour after acute light exposure (22,23). Lesions of the medial amygdala, to which ipRCGs also project, induced altered light-enhanced startle and open-field behaviour, suggesting that the effects of light on anxiety may also be mediated by the ipRGCs innervation of the medial amygdala (24).

Given the known involvement of the amygdala in psychiatric disorders (25–27), knowing which of its

nuclei respond to light may provide a basis to extend the use of light treatment to novel brain

disorders.

In vivo, functional Magnetic Resonance Imaging (fMRI) in humans suggested that blue-wavelength

light enhanced the responses to emotional stimuli in the amygdala as well as its crosstalk with the

hypothalamus (7). In contrast, another resting-state fMRI study found that exposure to a warm

polychromatic white light suppressed amygdala activity and connectivity between the amygdala and

the ventromedial prefrontal cortex during light exposure (28). The discrepancies may arise from

differences in the light sources or from being engaged in a cognitive task vs. at rest. They may also

be due to the context-dependent response of the different nuclei of the amygdala that could not be

addressed given the data resolution.

Here we aimed to determine the dynamics of the impact of light exposure on the activity of the

amygdala, and whether the dynamics varied across its volume, during the processing of emotional

stimuli. We took advantage of the relatively high resolution of ultra-high-field (UHF) 7 Tesla (7T)

fMRI to record the activity of the amygdala in healthy young adults exposed to the light of various

illuminance while engaged in an auditory emotional task. The findings reveal that the medial part of

the amygdala shows a marked reduction of activity under higher illuminance when processing

emotionally charged stimuli. The finding sheds more light on the mechanisms that may underlie the

benefits of light therapy.

Methods and Materials

This paper arises from a larger study and part of the methods have been described previously (29–32). The protocol was approved by the Ethics Committee of the Faculty of Medicine at the University of Liège. Participants gave their written informed consent and received monetary compensation. Data acquisitions took place in Liège, Belgium, between December 2020 and May 2023. Additional methodological details are provided as supplementary methods.

Protocol

Thirty-six healthy participants (23.9y±2.8; 23 women) took part in the study. Seven datasets were missing or corrupted such that 29 participants (24y±3.1; 18 women; **Supplementary Table 1**) were included in the present analyses (four failed quality control checks; three incomplete task completion).

Participants followed a loose sleep-wake schedule (±1h from habitual sleep/wake-up time) for 7 days (verified using wrist actigraphy -AX3, Axivity, UK- and sleep diaries) and then arrived at the laboratory 1.5 to 2h after their habitual wake time. To standardise participants' light history, they were exposed to 5min of bright white light (1000 lux) and were then maintained in dim light (<10 lux) for 45min. The fMRI sessions consisted of an executive task (25min), an attentional task (15min), and an emotional task (20min) [**Fig.1A**]. Only the emotional task is discussed in the present paper.

 Figure 1. Experimental protocol

(A) Overall timeline. After prior light history standardisation, participants performed an executive
(always first), an emotional and an attentional task (pseudo-randomly 2nd or 3rd, purple arrow).
Only the emotional task is considered in the present manuscript. **(B) Spectral power distribution of**
light exposures. Monochromatic orange: 0.16 mel EDI lux; Polychromatic, blue-enriched light
(6500K); LOW, MID, HIGH: 37, 92, 190 mel EDI lux (**Supplementary Table S2** for full details). Blue-
enriched light illuminances were set according to the technical characteristics of the light source and
to keep the overall photon flux similar to prior 3T MRI studies of our team (7, 8). The orange light
was introduced as a control visual stimulation for potential secondary whole-brain analyses. For the
present region of interest analyses, we discarded colour differences between the light conditions
and only considered illuminance as indexed by mel EDI lux, constituting a limitation of our study. **(C)**
Tasks procedures. Time is reported in seconds relative to session onset; participants were pseudo-
randomly exposed to the four light conditions. Emotional task: lure gender discrimination of
vocalizations (50% angry (red triangle), 50% neutral (green circle).

<u>Light Exposure</u>

An MRI-compatible system was developed to ensure relatively uniform and indirect illumination of

participants' eyes whilst in the scanner. Participants were exposed to 30 to 40s blocks of light

(median 35s) separated by 20s of darkness (<0.1 lux). The light conditions used were three different

illuminance of a blue-enriched white LED light (37, 92, 190 melanopic equivalent daylight

illuminance (mel EDI) lux) and a monochromatic orange light (0.16 mel EDI lux) [**Fig.2B**]. For the

present analyses, we discarded colour differences between the light conditions and only considered

illuminance. The light blocks were repeated five times per light condition.

Emotional Task

The task consisted of gender discrimination of auditory vocalizations (33) [**Fig. 2C**]. Participants were

asked to use a keypad to indicate what they believed the gender of the person pronouncing each

token was. The gender classification was a lure task: its purpose was to trigger an emotional

response as participants were not told that 50% of the stimuli were pronounced with angry

prosodies. The 240 auditory stimuli were pronounced by professional actors (50% women) and

consisted of three meaningless words (*"goster"*, *"niuvenci"*, *"figotleich"*). The stimuli were expressed

in either an angry or neutral prosody (validated by behavioural assessments (33) and in previous

experiments (34,35)). A total of 160 distinct voice stimuli (50% angry; 50% neutral) were distributed

across the four light conditions. The darkness periods separating light blocks contained two angry

and two neutral stimuli (80 stimuli in total).

Data acquisition

MRI data were acquired in a 7T MAGNETOM Terra MR (Siemens Healthineers, Erlangen, Germany)

with a 32-channel receive and 1-channel transmit head coil (Nova Medical, Wilmington, MA, USA).

Multislice T2*-weighted fMRI images were obtained with a multi-band Gradient-Recalled Echo -

Echo-Planar Imaging (GRE-EPI) sequence (TR=2340ms, voxel size: $(1.4 \times 1.4 \times 1.4)$mm^3). The anatomical

image consisted of a T1-weighted image Magnetization-Prepared with 2 RApid Gradient Echoes

(MP2RAGE) sequence (voxel size: $(0.75 \times 0.75 \times 0.75)$mm^3)

Data analysis

The brain-extracted anatomical T1-images were used to create a T1-weighted group template using

Advanced Normalization Tools (ANTs, http://stnava.github.io/ANTs/) before normalization to the

Montreal Neurological Institute (MNI) space using ANTs (1mm³ voxel; MNI 152 template). For each

subject, the first level analysis of fMRI data was performed in the native space. Before the group

analysis, statistical maps were first transferred to the group template space and then the MNI space

(1x1x1mm³ resolution; MNI 152 template) using ANTs.

Our statistical analyses consisted of an a priori region of interest focused on the activity of the

amygdala which was estimated as part of a whole brain general linear mixed model computed with

SPM12. The auditory stimuli were modelled as stick functions convolved with a canonical

hemodynamic response function. There were two parts to the whole-brain analysis. In the main

analysis, we assessed how brain responses during the task were modulated by overall changes in

illuminance level. The two regressors of task events (neutral, angry) were each accompanied by a

parametric modulation corresponding to the light melanopic illuminance level (0, .16, 37, 92, 190

mel EDI). The contrasts of interest consisted of the main effect of the parametric modulations. In the

next whole-brain analysis, we assessed the responses to the stimuli under each light condition.

Separate regressors modelled each task's event type under each light condition. The contrasts of

interest consisted of the main effects of each regressor. Whole-brain group results over the entire

sample were used for visualization purposes only.

We used an amygdala atlas to segment the region into 10 subparts (bihemispheric) in the MNI

subject space (36), corresponding to nuclei or nucleus groups (**Fig 2.A**). The REX Toolbox

(https://web.mit.edu/swg/software.htm) was used to extract the activity estimates (betas) from

contrast of interest in each amygdala subpart (37). In the first analysis, this yielded 1 activity

estimate per stimulus type and per amygdala subpart and in the second analysis we obtained 5

activity estimates per stimulus and subpart.

Statistical analyses of the activity of each subparts were computed in SAS 9.4 (SAS Institute, NC, USA)

and consisted of Generalised Linear Mixed Models (GLMM) with the subject as a random factor

(intercept and slope) and were adjusted for the dependent variable distribution. As main the

statistical analysis included all subparts, light conditions and stimulus types in a single model, the

significance threshold was not corrected for multiple comparisons and was set at p < 0.05. Direct

post hoc of the main analyses were corrected for multiple comparisons using a Tukey adjustment.

Activity estimates were considered outliers if > ±3 SDs across emotional stimuli and light level and

were removed.

The main analyses included the activity estimates modulated by light illuminance as a dependent

variable and the amygdala subparts and stimulus type (neutral/angry) as repeated measures

(autoregressive (1) correlation), together with age, sex and BMI as covariates. The second set

GLMMs included the activity estimates of the amygdala subparts as the dependent variable and

amygdala subpart, stimulus type and illuminance (0, 0.16, 37, 92, 190 mel EDI lux) as the repeated

measures (autoregressive (1) correlation), together with age, sex, and BMI as covariates and an

interaction term between illuminance and amygdala subpart. The final set of analyses included

performance metrics as dependent variables (reaction time – ms) and included the same repeated

measures and covariates ads in the preceding set as well as activity of the relevant amygdala

subpart.

Results

Participants achieved 92±7.3% (mean ±SD) button response, while the accuracy to the lure gender classification task (34) was 79.7%±9.9%, which is slightly lower than previous studies using the same task (35). Critically, the reaction times were faster for the neutral (1203±183ms) as compared with the emotional stimuli (1249±184ms) (main effect of stimulus type; p=0.0009). This is in line with previous literature (7,35) and confirms that the emotional content of the stimuli was successful in triggering a behavioural response [**Fig. 2C**]. The reaction times to the neutral or emotional stimuli were not significantly affected by illuminance (neutral: p = 0.3; emotional: p=0.6). This does not, in principle, preclude light from affecting brain activity and ensures that modifications in brain activity are not merely the results of a change in reaction times.

Figure 2. Illuminance impact on the amygdala subparts.

(A) Segmentation of the amygdala into ten subparts. The amygdala template isolate nuclei and nucleus
groups as follows: (1) Lateral nucleus, (2) Intermediate and dorsal basolateral nucleus, (3) Basomedial nuclei,
(4) Central nucleus, (5) Medial and Cortical nuclei, (6) Ventral basolateral nucleus and Paralaminar nucleus, (7)
amygdala transition area composed of Amygdalocortical area, Amygdalohippocampal area, Periamygdaloid
cortex, (8) Amygdalostriatal, (9) Anterior amygdaloid area, (10) Intercalated nuclei (36).
(B) Visualization of the whole brain results over the entire sample. Visualization of the whole brain analyses
of the collective impact of the emotional variations in illuminance over the amygdala area. A local negative
peak (yellow arrow and yellow cluster; $p_{uncorrected}$<.001) was detected bilaterally in the amygdala mostly over
the subparts 3, 5 and 7 in the left hemisphere and over subparts 3, 5 and 9 in the right hemisphere. These
results indicate that our finding does not arise from a nearby "leaking" deactivation.
(C) Reaction times to neutral and angry stimuli (p=.0009).
(D) Estimates (beta; arbitrary unit – a.u.) of the collective impact of illuminance variation on the activity of
each amygdala subpart. Significant main effect of amygdala subparts (p<.0001), significant main effect of
stimulus type (p<.0001) and no subpart-by-stimulus-type interaction (p=.4).
(E-F) Estimates of the impact of each illuminance on the activity of the amygdala subparts. Results are
displayed per stimulus type. Amygdala subparts showing significant changes are highlighted in bold. Significant
stimulus type-by-illuminance interaction (p=.001) and significant illuminance-by-amygdala interaction
detected (p=.04) (Refer to Table 1 & 2 and Suppl. Tables S4-S5 for full statistics).
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Impact of illuminance variation on the activity of the amygdala

We used a template that consistently divided the amygdala into 10 subparts (36) (**Fig. 2A-B**) to

extract the regional effect of illuminance change across the amygdala. The first analysis focussed on

the overall impact of illuminance variation. It revealed that the variations in illuminance affected the

activity of the 10 amygdala subparts differently (main effect of subparts; p<.0001) [**Fig. 2D, Table 1**],

as well as significant differences between stimulus types (main effect of stimulus type;

p<.0001).There was no interaction between the stimulus types and subparts (p=.4). The post hoc

analyses found that the basomedial nucleus (subpart 3, dark blue on **Fig. 2A**), medial and cortical

nuclei (subpart 5, violet on **Fig. 2A**), amygdala transition areas (ATA) (subpart 7, orange on **Fig. 2A**),

and anterior amygdaloid area (AAA) subparts (subpart 9, light green on **Fig. 2A**) were reacting

significantly differently to light illuminance compared to other amygdala subparts [**Table 1;**

Supplementary Table S3]. Interestingly the medial and cortical subpart was significantly different

from the central nucleus subpart. Overall, the results suggest that the medial and superior region of

the amygdala - encompassing 4 subparts of our template – reacts differently to illuminance change

than the rest of the amygdala and undergoes an overall decrease in activity with increasing

illuminance. This is supported by the visualization of the whole brain group analysis

($p_{uncorrected}$<0.001) which yielded local negative peaks bilaterally in the amygdala, mostly over the left

subparts 3, 5 and 7 and the right subparts 3, 5 and 9 (**Fig. 2A**) indicating that our finding does not

arise from a nearby "leaking" deactivation.

<u>Amygdala subparts under each illuminance</u>

Following our main analysis, we investigated in more detail the regional impact of light across the

amygdala using the activity estimates of each subpart under each illuminance. As in the main

analysis, the analysis confirmed that there was a significant impact of stimulus type (p<.0001) and

light level (p<.0001) , while there was no significant main effect of amygdala subparts (p=.1).

Critically, on top of a significant interaction between illuminance and task stimuli (p=.001), the

analyses yielded an illuminance-by-subpart-interaction confirming that the impact of illuminance

significantly varied across subparts (p=.04) [**Fig. 2E-F; Table 2**].

We computed post hoc contrasts and first considered the impact of the changes in illuminance

within each amygdala subpart (**Table 4; Supplementary Table S4**). We found that the activity of the

four medial/superior subparts isolated in the main analysis (basomedial nucleus (light blue), medial

and cortical nuclei (purple), ATA (light green), AAA (orange)) was significantly decreased under the

highest illuminance (190 mel EDI) when compared to darkness (0 mel EDI lux) and the lowest

illuminance level (.16 mel EDI lux). The activity of three of the four nuclei, i.e. the basomedial

nucleus, medial and cortical nuclei, and ATA, were also significantly decreased when compared to

blue-enriched light of the lower illuminances (37, 92 mel EDI lux). Importantly, there were no

significant differences between the other amygdala subparts. Next, post-hoc examined differences

between amygdala subparts under each illuminance (**Supplementary Tables S5**) and found only the

AAA subpart (orange) was significantly different from the ATA subpart (light orange) at the highest

illuminance level (190 mel EDI lux). There was no significant difference between subparts at any

other illuminance levels (**Supplementary. Table S6 and S7** for all post hoc comparisons).

Overall, these analyses indicate that increasing illuminance progressively and relatively linearly

decreases the activity of the medial/superior regions of the amygdala specifically for the processing

of emotional stimuli while activity was more stable across the rest of the amygdala.

<u>Performance and amygdala activity</u>

In the last step, we assessed whether the activity of one of these 4 subparts was related to

performance. We found that the association between the activity of the AAA subpart and the

reaction times to the emotional stimuli reached nominal significance (GLMM; main effect of subpart

activity; F=3.63; **p=.05**; **Fig. 3A**). The association was negative such that higher activity in the subpart

was associated with faster reaction times. No such significant association was detected when

considering reaction times to the neutral items (GLMM; main effect of illuminance; F=.93; p=.4; main

effect of subpart; F=.03; p=.8; **Fig. 3B**). No significant association was found when considering the

activity of the other subparts.

Figure 3. Impact of illuminance on performance and relationships with the activity of the anterior amygdaloid area subpart.
(A) Reaction times to the emotional stimuli are correlated to the activity of the anterior amygdaloid area subpart (p = 0.05).
(B) Reaction times to the neutral stimuli are not correlated to the activity of the anterior amygdaloid area subpart (p = 0.8).
Solid and dashed lines correspond to the significant and non-significant linear regression lines, respectively.

 Discussion

Light therapy is effective in treating several mood disorders (1,2). The underlying

mechanisms have not been fully resolved, however, but it is likely to involve the amygdala

(38). Considering the connection between the neural pathways involved in emotional and

mood regulation (39), we aimed to determine which subpart of the amygdala was affected

by light during the processing of emotional stimulation. We found that the medial and

superior region of the amygdala showed a linear reduction of activity with increasing

illuminance, specifically when processing emotional stimulations. Furthermore, the activity

of part of these regions may be related to the behaviour during the task. These findings

provide new insight on the mechanisms that underlie the biological impact of light on the

brain and may contribute to the benefits of light therapy in the treatment of mood

disorders.

Research in rodents reported that the central and medial amygdala receives direct inputs

from ipRGCs, and both projections were implicated in the impact of light on anxiety-related

behaviours (22–24,40). Neuroimaging research reported that light influences the activity of

the amygdala including during emotional processing but did not isolate the nuclei involved

(7,28). The template we used to parcellate the amygdala includes 10 subparts (48), one of

which corresponding to the central nucleus, one to the basomedial nucleus and a third one

to medial and cortical nuclei together, as their boundaries are not well defined enough on

MRI images to separate them (36). We found that the basomedial and medial/cortical

nucleus subparts show decreased activation with higher illuminances. In contrast, the

central nuclei subpart did not show significant variations with illuminance changes. Our

results support therefore that in humans it is the medial nucleus rather than the central

nucleus that mediates the impact of light on emotional state. This provides support to the

existence of a functional projection from ipRGCs to the medial part of the amygdala, similar to rodents (15). This would mean that alike mice, light can influence emotional status independent of the suprachiasmatic nucleus (SCN), which receive the strongest inputs from ipRGCs based on studies in animals and is the site of the principal circadian clock (15,41). Our data are, however, also compatible with an effect of light on the basomedial and medial nucleus activity through the SCN. Future connectivity analyses could help choosing between these alternatives.

The basomedial and medial nuclei send reciprocal projections to each other and both project to the cortical nucleus (42). In addition, a simplified overview of sensory information flow through the amygdala is that information enters through the basolateral nuclei and then progresses through to the cortical and medial nuclei which acts as an output station for downstream targets (20). We show therefore that light seems to affect emotional processing at the level of the entry doors of the amygdala.

Activation of the medial nucleus is associated with stress and leads to the secretion of adrenocorticotropic hormone and the activation of the hypothalamic–pituitary axis (a neuroendocrine system that maintains physiological homeostasis) (20). The medial nuclei mainly contain GABAergic neurons (43) suggesting that it fulfil its functions mainly through an inhibitory influence on downstream areas, within and outside the amygdala. Based on our finding, one could postulate that light reduces or inhibits this inhibitory influence. The hypothesis that ipRGCs have the potential to be inhibitory is not without evidence, as a rodent study found that a subset of ipRGCs release the inhibitory neurotransmitter GABA at brain targets (SCN, IGL, vLGN), leading to reduced sensitivity of the pupil to light and circadian photoentrainment (44).

Aside from the basomedial and medial/cortical subparts, we also find a significant impact of

illuminance on the ATA, encompassing amygdalocortical area, amygdalohippocampal area,

and periamygdaloid cortex, and AAA. Providing plausible interpretations for their responses

is more complicated, as there is less research on these areas. The amygdalohippocampal

area, and the periamygdaloid cortex both receive projections from the basomedial and

medial nuclei and projects back to the medial nuclei (42). The AAA is less developed in

primates and would rather receive projections from the lateral and central nuclei (20,42).

Although we do not have empirical data to support this hypothesis, we tentatively speculate

that given the high interconnectivity of the amygdala nuclei, the deactivation in the ATA and

AAA in response to illuminance change reflects the downstream propagation of signals from

output of the basomedial and medial/cortical nuclei. While the visualization of whole brain

results over the entire sample supports a local decrease of activity over the area covered by

all four nuclei it does not point toward one of them in particular. Ultimately, although we

favour an impact of light on the amygdala through the direct projection of the retina to the

medial nuclei, all four subparts could equally contribute to the decrease BOLD signal we

detect under higher illuminance (42).

We stress that the validated auditory emotional task we used (7,34,35) was successful in

triggering emotional responses, both at the level of behaviour and of the activity of the

amygdala. Behavioural measures (reaction times) were, however, not significant different

across the short light exposures of different illuminance. We do find a nominal significant

link between reaction time and the activity of the AAA, which is significantly affected by

illuminance. It is however unclear how this finding may explain how longer light exposures

may affect behaviours both acutely and over the longer term.

The processing of negative stimuli has been associated with increased activity in the

amygdala whereas positive stimuli have been associated with decreased activity in the

amygdala (45). A functional neuroimaging study that focused on bright light therapy in

healthy young participants found that after three weeks of light therapy, there was a dose-

dependent decrease in the response to emotional stimuli in the amygdala and the medial

prefrontal cortex (46). Our finding support that the reduces responsiveness of (part of) the

amygdala is already present acutely, during the exposure. The sizes of the effects we

detected are small such that light exposure may be beneficial to emotional state through a

repeated reduction of the response of the basomedial and medial parts of the amygdala.

The amygdala sends a large number of downstream projections including to the frontal

cortex, which governs cognition. The basomedial and medial nuclei and the periamygdaloid

cortex project to the frontal cortex (42). In addition, one of the main targets of the medial

nucleus consist of the hypothalamus, over the anterior paraventricular nucleus, while the

basomedial nucleus also projects to the hippocampus and ventral striatum (42,47). Future

research will address which of these projections may underlie the impact of light on

emotion processing and/or on beneficial impact of light on emotional state.

The decrease of activity we find in several subparts of the amygdala contrasts with previous

research done using 3T fMRI in healthy participants that found that exposure to light

increased the response of the amygdala to emotional stimuli using the same emotional task

(7). The conflicting findings may be due to the differences in light sources used as it was a

monochromatic blue light (corresponding to illuminance of ~22and 93 mel EDI lux). In

contrast, another 3T resting state MRI, which did not involve a cognitive task, found that the

activity of the amygdala was decreased under polychromatic white light (~35 mel EDI lux;

2800k) in comparison to darkness (28). In the present study, we used a polychromatic white,

blue-enriched light source of three different intensities (37, 92, 190 mel EDI; 6500k), i.e. the

lowest light level we used has similar mel EDI lux to the resting state study. It may be that

the amygdala sees its activity increase or decrease in response to light depending on

illuminance and spectrum, depending potentially on the type of retinal photoreceptor

recruited.

In terms of photoreceptors, we cannot conclusively say that the ipRGCs are underlying the

decrease in activity in the subparts we see at higher light levels. Given the projection of

ipRGCs to the medial amygdala reported in rodent and the light level we used, their

implication is very likely. Rods and cones may however also be contributing, and there may

be differential recruitment of photoreceptors at different illuminance levels (48). Future

studies in humans could determine the photoreceptor underlying the impact of light on

emotion processing and affective state this by using, for instance, silent substitutions and

metameric light exposures to selectively affect one photoreceptor type (49).

Emotional regulation is vital and evolutionary critical. The amygdala fulfils part of this

regulation to allow adaption to the changing environment. We find that several subregions

of the amygdala, including the medial nucleus that receive direct projection from ipRGCs,

showed a reduction of activity with increasing illuminance when processing emotionally

charged stimuli. We speculate that it is through the medial nucleus that light affect emotion

emotional state in healthy individuals as well as in patients in which different amygdale

nuclei may contribute to disorders (25,50–55).

 <u>Tables</u>

Table 1. Differences between amygdala subparts in the collective impact of the variation in illuminance on their activity.

Main GLMM			
Effect	**F Value**	**P value**[*]	**Partial R^2**
Amygdala subpart	4.79	**<.0001**	**0.07**
Task	27.93	**<.0001**	**0.05**
Amygdala subparts x stimulus type	0.97	0.4	-
Age	1.18	0.28	-
Sex	1.01	0.32	-
BMI	0.17	0.68	-
Significant Pairwise comparisons			
Contrast[#]	**t-value**	**$P_{uncorrected}$**	**$P_{corrected}$**
1 vs. 3	2.2	**0.02**	0.45
1 vs 5	2.54	**0.01**	0.24
2 vs 3	2.09	**0.03**	0.53
2 vs 5	2.44	**0.01**	0.3
3 vs 4	-2.89	**0.004**	0.10
3 vs 6	-2.88	**0.004**	0.11
3 vs 8	-3.89	**0.0001**	**0.004**
3 vs 10	-3.45	**0.0006**	**0.02**
4 vs 5	3.24	**0.001**	**0.04**
4 vs 7	2.46	**0.01**	0.29
4 vs 9	2.57	**0.01**	0.23
5 vs 6	-3.22	**0.001**	**0.04**
5 vs 8	-4.23	**<.0001**	**0.001**
5 vs 10	-3.79	**0.0002**	**0.006**
6 vs 7	2.44	**0.01**	0.30
7 vs 8	-3.45	**0.0006**	**0.02**
7 vs 10	-3.01	**0.002**	0.08
8 vs 9	3.55	**0.0004**	**0.01**
9 vs 10	-3.11	**0.001**	0.06

For the full post hoc table, refer to Suppl. Table S3

442 **Table 2. Statistical outputs of GLMM testing for differences between the activity of each**
443 **subpart of the amygdala under each illuminance.**

Main GLMM			
Effect	F Value	P value[*]	Partial R^2
Task stimuli	17.68	**<.0001**	**0.03**
Illuminance	11	**<.0001**	**0.02**
Amygdala subpart	1.63	0.10	-
Illuminance x Task stimuli	4.66	**0.001**	**0.008**
Task stimuli x Amygdala subpart	0.71	0.70	-
Illuminance x Amygdala subpart	1.42	**0.04**	**0.02**
Illuminance x Amygdala subpart X Task stimuli	0.51	0.99	-
Age	0.72	0.40	-
Sex	0.2	0.65	-
BMI	1.77	0.19	-
Significant pairwise comparisons			
Amygdala subpart	Contrast[#]	t-value	P-value
3	0 vs 190	3.42	**0.005**
3	0.16 vs 190	4.15	**0.0003**
3	92 vs 190	3.51	**0.004**
5	0 vs 190	3.8	**0.001**
5	0.16 vs 190	3.89	**0.001**
5	37 vs 190	2.95	**0.02**
5	92 vs 190	3.3	**0.008**
7	0 vs 190	3.18	**0.01**
7	0.16 vs 190	2.79	**0.04**
9	0 vs 190	4.46	**<.0001**
9	0.16 vs 190	4.09	**0.0004**
9	37 vs 190	4.5	**<.0001**
9	92 vs 190	3.8	**0.001**

445 Illuminance is reported in mel EDI lux. For the full post hoc table, refer to Suppl. Table S4.

Data and code availability statement

The processed data and analysis scripts supporting the results included in this manuscript are publicly available via the following open repository: https://gitlab.uliege.be/CyclotronResearchCentre/Public/xxxx (the repository will be created following acceptance / prior to publication of the paper).

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References

1. Penders TM, Stanciu CN, Schoemann AM, Ninan PT, Bloch R, Saeed SA (2016): Bright Light Therapy as Augmentation of Pharmacotherapy for Treatment of Depression: A Systematic Review and Meta-Analysis. *Prim Care Companion CNS Disord* 18: 26717.

2. Pjrek E, Friedrich ME, Cambioli L, Dold M, Jäger F, Komorowski A, *et al.* (2020): The Efficacy of Light Therapy in the Treatment of Seasonal Affective Disorder: A Meta-Analysis of Randomized Controlled Trials. *Psychother Psychosom* 89: 17–24.

3. Zhang R, Volkow ND (2023): Seasonality of brain function: role in psychiatric disorders. *Translational Psychiatry 2023 13:1* 13: 1–11.

4. Praschak-Rieder N, Willeit M (2012): Imaging of seasonal affective disorder and seasonality effects on serotonin and dopamine function in the human brain. *Curr Top Behav Neurosci* 11: 149–167.

5. Spindelegger C, Stein P, Wadsak W, Fink M, Mitterhauser M, Moser U, *et al.* (2012): Light-dependent alteration of serotonin-1A receptor binding in cortical and subcortical limbic regions in the human brain. *World J Biol Psychiatry* 13: 413–422.

6. Lavoie MP, Lam RW, Bouchard G, Sasseville A, Charron MC, Gagné AM, *et al.* (2009): Evidence of a Biological Effect of Light Therapy on the Retina of Patients with Seasonal Affective Disorder. *Biol Psychiatry* 66: 253–258.

7. Vandewalle G, Schwartz S, Grandjean D, Wuillaume C, Balteau E, Degueldre C, *et al.* (2010): Spectral quality of light modulates emotional brain responses in humans. *Proc Natl Acad Sci U S A* 107: 19549–19554.

8. Vandewalle G, Hébert M, Beaulieu C, Richard L, Daneault V, Garon M Lou, *et al.* (2011): Abnormal hypothalamic response to light in seasonal affective disorder. *Biol Psychiatry* 70: 954–961.

9. Koorengevel KM, Gordijn MCM, Beersma DGM, Meesters Y, Den Boer JA, Van den Hoofdakker RH, Daan S (2001): Extraocular light therapy in winter depression: A double-blind placebo-controlled study. *Biol Psychiatry* 50: 691–698.

10. Legates TA, Altimus CM, Wang H, Lee HK, Yang S, Zhao H, *et al.* (2012): Aberrant light directly impairs mood and learning through melanopsin-expressing neurons. *Nature* 491: 594–598.

11. Campbell I, Sharifpour R, Vandewalle G (2023): Light as a Modulator of Non-Image-Forming Brain Functions—Positive and Negative Impacts of Increasing Light Availability. *Clocks Sleep* 5: 116.

12. Brainard GC, Hanifin JR, Greeson JM, Byrne B, Glickman G, Gerner E, Rollag MD (2001): Action spectrum for melatonin regulation in humans: Evidence for a novel circadian photoreceptor. *Journal of Neuroscience* 21: 6405–6412.

13. Vandewalle G, Maquet P, Dijk DJ (2009): Light as a modulator of cognitive brain function. *Trends in Cognitive Sciences*, vol. 13. Elsevier Ltd, pp 429–438.

14. Wirz-Justice A, Skene DJ, Münch M (2020, October 28): The relevance of daylight for humans. *Biochemical Pharmacology*. Elsevier Inc., p 114304.

15. Tri M, Do H (2019): Melanopsin and the Intrinsically Photosensitive Retinal Ganglion Cells: Biophysics to Behavior. *Neuron* 104: 205–226.

16. Güler AD, Ecker JL, Lall GS, Haq S, Altimus CM, Liao HW, *et al.* (2008): Melanopsin cells are the
principal conduits for rod-cone input to non-image-forming vision. *Nature* 453: 102–105.

17. Lucas RJ, Peirson SN, Berson DM, Brown TM, Cooper HM, Czeisler CA, *et al.* (2014): Measuring
and using light in the melanopsin age, 2013/11/25. *Trends Neurosci* 37: 1–9.

18. Huang L, Xi Y, Peng Y, Yang Y, Huang X, Fu Y, *et al.* (2019): A Visual Circuit Related to Habenula
Underlies the Antidepressive Effects of Light Therapy. *Neuron* 102: 128-142.e8.

19. An K, Zhao H, Miao Y, Xu Q, Li YF, Ma YQ, *et al.* (2020): A circadian rhythm-gated subcortical
pathway for nighttime-light-induced depressive-like behaviors in mice. *Nat Neurosci* 23: 869–
880.

20. Šimić G, Tkalčić M, Vukić V, Mulc D, Španić E, Šagud M, *et al.* (2021): Understanding Emotions:
Origins and Roles of the Amygdala. *Biomolecules* 11. https://doi.org/10.3390/BIOM11060823

21. Swanson LW, Petrovich GD (1998): What is the amygdala? *Trends Neurosci* 21: 323–331.

22. Wang G, Liu YF, Yang Z, Yu CX, Tong Q, Tang YL, *et al.* (2023): Short-term acute bright light
exposure induces a prolonged anxiogenic effect in mice via a retinal ipRGC-CeA circuit. *Sci Adv*
9. https://doi.org/10.1126/SCIADV.ADF4651

23. Delwig A, Larsen DD, Yasumura D, Yang CF, Shah NM, Copenhagen DR (2016): Retinofugal
Projections from Melanopsin-Expressing Retinal Ganglion Cells Revealed by Intraocular
Injections of Cre-Dependent Virus. *PLoS One* 11: e0149501.

24. Vinkers CH, Bijlsma EY, Houtepen LC, Westphal KGC, Veening JG, Groenink L, Olivier B (2010):
Medial amygdala lesions differentially influence stress responsivity and sensorimotor gating in
rats. *Physiol Behav* 99: 395–401.

25. Haris EM, Bryant RA, Williamson T, Korgaonkar MS (2023): Functional connectivity of amygdala
subnuclei in PTSD: a narrative review. *Mol Psychiatry* 28: 3581–3594.

26. Tse NY, Ratheesh A, Ganesan S, Zalesky A, Cash RFH (2023): Functional dysconnectivity in youth
depression: Systematic review, meta-analysis, and network-based integration. *Neurosci*
Biobehav Rev 153. https://doi.org/10.1016/J.NEUBIOREV.2023.105394

27. Valizadeh P, Cattarinussi G, Sambataro F, Brambilla P, Delvecchio G (2023): Neuroimaging
alterations associated with medication use in early-onset bipolar disorder: An updated review.
J Affect Disord 339: 984–997.

28. McGlashan EM, Poudel GR, Jamadar SD, Phillips AJK, Cain SW (2021): Afraid of the dark: Light
acutely suppresses activity in the human amygdala. *PLoS One* 16: e0252350.

29. Paparella I, Campbell I, Sharifpour R, Beckers E, Berger A, Aizpurua JFB, *et al.* (2023): Light
modulates task-dependent thalamo-cortical connectivity during an auditory attentional task.
Communications Biology 2023 6:1 6: 1–10.

30. Campbell I, Beckers E, Sharifpour R, Berger A, Paparella I, Aizpurua JFB, *et al.* (2023): Impact of
light on task-evoked pupil responses during cognitive tasks. *J Sleep Res* e14101.

31. Beckers E, Campbell I, Sharifpour R, Paparella I, Berger A, Aizpurua JFB, *et al.* (2023): Impact of
repeated short light exposures on sustained pupil responses in an fMRI environment. *J Sleep*
Res e14085.

32. Campbell I, Sharifpour R, Aizpurua JFB, Beckers E, Paparella I, Berger A, *et al.* (2023): Regional
response to light illuminance across the human hypothalamus. *bioRxiv* 2023.12.19.572317.

33. Banse R, Scherer KR (1996): Acoustic profiles in vocal emotion expression. *J Pers Soc Psychol* 70:
614–636.

34. Grandjean D, Sander D, Pourtois G, Schwartz S, Seghier ML, Scherer KR, Vuilleumier P (2005): The
voices of wrath: Brain responses to angry prosody in meaningless speech. *Nat Neurosci* 8: 145–
146.

35. Sander D, Grandjean D, Pourtois G, Schwartz S, Seghier ML, Scherer KR, Vuilleumier P (2005):
Emotion and attention interactions in social cognition: Brain regions involved in processing
anger prosody. *Neuroimage* 28: 848–858.

36. Tyszka JM, Pauli WM (2016): In vivo delineation of subdivisions of the human amygdaloid
complex in a high-resolution group template. *Hum Brain Mapp* 37: 3979–3998.

37. Duff EP, Cunnington R, Egan GF (2007): REX: Response exploration for neuroimaging datasets.
Neuroinformatics 5: 223–234.

38. Huang X, Tao Q, Ren C (2023): A Comprehensive Overview of the Neural Mechanisms of Light
Therapy. *Neurosci Bull*. https://doi.org/10.1007/S12264-023-01089-8

39. Price JL, Drevets WC (2010, January): Neurocircuitry of mood disorders.
Neuropsychopharmacology, vol. 35. Neuropsychopharmacology, pp 192–216.

40. Hattar S, Kumar M, Park A, Tong P, Tung J, Yau KW, Berson DM (2006): Central projections of
melanopsin-expressing retinal ganglion cells in the mouse. *Journal of Comparative Neurology*
497: 326–349.

41. Maruani J, Geoffroy PA (2022): Multi-Level Processes and Retina-Brain Pathways of Photic
Regulation of Mood. *J Clin Med* 11. https://doi.org/10.3390/JCM11020448

42. Whalen PJ, Phelps EA (2009): The human amygdala ((Whalen Paul J; Phelps Elizabeth A., editor)).
The Human Amygdala, 1st ed. Guilford Press. Retrieved January 17, 2024, from
https://nyuscholars.nyu.edu/en/publications/the-human-amygdala

43. McDonald AJ, Augustine JR (1993): Localization of GABA-like immunoreactivity in the monkey
amygdala. *Neuroscience* 52: 281–294.

44. Sonoda T, Li JY, Hayes NW, Chan JC, Okabe Y, Belin S, *et al.* (2020): A noncanonical inhibitory
circuit dampens behavioral sensitivity to light. *Science* 368: 527–531.

45. Bartels A, Zeki S (2000): The neural basis of romantic love. *Neuroreport* 11: 3829–3834.

46. Fisher PM, Madsen MK, Mc Mahon B, Holst KK, Andersen SB, Laursen HR, *et al.* (2014): Three-
week bright-light intervention has dose-related effects on threat-related corticolimbic
reactivity and functional coupling. *Biol Psychiatry* 76: 332–339.

47. Sah P, Faber ESL, De Armentia ML, Power J (2003): The amygdaloid complex: Anatomy and
physiology. *Physiol Rev* 83: 803–834.

48. Mure LS (2021): Intrinsically Photosensitive Retinal Ganglion Cells of the Human Retina. *Front
Neurol* 12. https://doi.org/10.3389/FNEUR.2021.636330

49. Viénot F, Brettel H, Dang T-V, Le Rohellec J (2012): Domain of metamers exciting intrinsically
photosensitive retinal ganglion cells (ipRGCs) and rods. *Journal of the Optical Society of*
America A 29: A366.

50. Varea E, Guirado R, Gilabert-Juan J, Martí U, Castillo-Gomez E, Blasco-Ibáñez JM, *et al.* (2012):
Expression of PSA-NCAM and synaptic proteins in the amygdala of psychiatric disorder patients.
J Psychiatr Res 46: 189–197.

51. Douillard-Guilloux G, Lewis D, Seney ML, Sibille E (2017): Decrease in somatostatin-positive cell
density in the amygdala of females with major depression. *Depress Anxiety* 34: 68–78.

52. Jacob Y, Morris LS, Verma G, Rutter SB, Balchandani P, Murrough JW (2022): Altered
hippocampus and amygdala subregion connectome hierarchy in major depressive disorder.
Translational Psychiatry 2022 12:1 12: 1–9.

53. Kirstein CF, Güntürkün O, Ocklenburg S (2023): Ultra-high field imaging of the amygdala - A
narrative review. *Neurosci Biobehav Rev* 152.
https://doi.org/10.1016/J.NEUBIOREV.2023.105245

54. Cui D, Guo Y, Cao W, Gao W, Qiu J, Su L, *et al.* (2020): Correlation Between Decreased Amygdala
Subnuclei Volumes and Impaired Cognitive Functions in Pediatric Bipolar Disorder. *Front*
Psychiatry 11. https://doi.org/10.3389/FPSYT.2020.00612

55. Barth C, Nerland S, De Lange AMG, Wortinger LA, Hilland E, Andreassen OA, *et al.* (2021): In Vivo
Amygdala Nuclei Volumes in Schizophrenia and Bipolar Disorders. *Schizophr Bull* 47: 1431–
1441.