

Letter to the Editor

Mood and Affect

Dear Editor,

A recent paper in the American Journal of Psychiatry highlighted disagreement among psychiatric textbooks, and consequently, among psychiatric residents, regarding the terms affect and mood. The mental state is one of our most valuable diagnostic tools, and given our paucity of tools, this issue is important.

Both affect and mood have to do with the emotional life of the patient. There are two variables: 1) time [a) sustained, and b) momentary] and 2) place [a) internal experience, and b) external expression]. Thus, there are four aspects:

- I. (1a, 2a) This is sustained internal experience. It can only be determined by asking the patient, "How have you been feeling?" with the follow up, "How long have you felt this way?"
- II. (1a, 2b) This is sustained external expression. The signs here include smiling, rate of speech and bodily movement, wringing of hands, etc.
- III. (1b, 2a) This is momentary internal experience. By definition we are considering a transient issue, and consistent with Heisenberg's uncertainty principle, attempts to measure it will change it. Clearly, we cannot introduce a range of topics, and follow up each with, "And how you feel right now?" Traditionally, momentary internal experience was believed reflected in external expression (see aspect IV). Instead, it is consistent with the proposed arrangement to ask, "When people or thoughts come along, can they change the way you feel?"
- IV. (1b, 2b) This is momentary external expression. It is the aspect which has been traditionally been used in the examination of affect, when defined as "the external expression of the internal feeling state". During an interview we observe the presence or absence of change in external expression of emotion with changes of topics and the passage of time.

Aspects I and II deal with sustained emotion. If a claim of sustained depression (aspect I) is inconsistent with external expression (aspect II), this inconsistency should be recorded. Aspects III and IV deal with momentary emotion. The momentary internal experience aspect (III) has always been the most problematic aspect of emotion; in this arrangement it is approached in the way we approach anhedonia. Aspect IV accommodates observed abnormalities of momentary emo-

tion, including absent or reduced, labile and inappropriate responses.

What should happen to the terms affect and mood? For years I have considered them as separate, individually useful components of the mental state examination (Pridmore, 2000). However, I have come to believe these terms are relatively useless for that purpose. Confusion is exemplified by the renaming of the affective disorders as mood disorders in DSM-III-R, the different definitions of leading textbooks, and inconsistencies in residents' thinking (Serby, 2003). Once people have achieved the knowledge base, experience and confidence necessary for the writing of textbooks, they are unlikely to accept changes to the definition of a word which has carried their own definition for decades. Thus, in respect to the mental state examination, the words mood and affect, are most unlikely to ever achieve a consensus definition. A new approach is needed.

I suggest the mental state examination could include consideration of these four "aspects" of patient "emotion".

S. Pridmore, MD
University of Tasmania
67 Davey Street
Hobart, Tasmania
Australia
E-mail: spridmore@iprimus.com.au

References

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