

03 - Coexisting features of mood disturbance

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1. Mood and Affect: The terms affective disorder and mood disorder are used interchangeably in clinical practice. The difference between mood and affect has been variously described. It is generally accepted that mood refers to a more pervasive emotional state than affect (as if climate = mood and weather = affect). Both mood and affect can have an objective and subjective components though one school of thought proposes to use the term mood for subjective and affect for objective components of emotional expression. Aspects of Affect: Descriptor

Valence The quality of affect: i.e. happy, depressed, perplexed, anxious or angry
Reactivity Responsiveness of affect to environmental cues - One expects affect to be reactive to cues in the environment; we laugh on hearing a joke, blush when embarrassed, etc. If the reactivity is conspicuously absent, then this is called blunted affect or parathymia, according to Bleuler. Bleuler proposed this feature as a primary schizophrenic symptom. Range of expression This may be restricted or constricted in depression and anxiety states. Congruence Incongruent affect may be seen in hebephrenic schizophrenia and learning disability. For example, a patient might maintain a silly, jocular affect in spite of receiving a bad news. Stability This refers to the reasonable maintenance of an affective state until a clear external stimulus demands a change in affect. The absence of such stability manifests as a sudden unprovoked change in affect; the patient may break down into tears for no reason or appear enlightened with apparently no environmental cues. This is called labile affect; it is seen in histrionic personality, borderline personality, and sometimes in PTSD. Control An extreme form of labile affect is termed as emotional incontinence; it is seen in organic states such as pseudo bulbar palsy where frontal lobe is damaged. Here the patient bursts out into laughter or tears within minutes with no control over these emotions - it appears as if the patient has developed an incontinence of the emotion filled 'bladder'. He/she has little control over these expressions.

Coexisting features of mood disturbance: Mania is characterized by extreme euphoria (disturbed emotion), pressured speech (disturbed thought) and too many ideas and plans to be carried out (disturbed will). It is not a pure mood or affective disorder in this sense. The terms euphoria, ecstasy and expansiveness, refer to various degrees of an elevated mood, but they do not include thought or will component. The same applies to the term 'depression' in clinical sense - it includes mood, will and thought components and not just sad affect. Melancholia is probably the oldest of terms used in psychopathology. It is defined as a quality of mood, which is distinct from grief, occurring in association with significant psychomotor retardation often with somatic symptoms of depression (as described in ICD-10). It is very characteristic of depression; patients often describe this as a deeply distressing affective state.

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